## Case 21-58268-wlh Doc 1 Filed 11/04/21 Entered 11/04/21 09:45:14 Desc Main Document Page 1 of 54

| Fill in this information to identify your case: |                               |                                      |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                      |
| NORTHERN DISTRICT OF GEORGIA                    |                               |                                      |
| Case number (if known)                          | Chapter you are filing under: |                                      |
|   | Chapter 7                     |                                      |
|   | ☐ Chapter 11                  |                                      |
|   | ☐ Chapter 12                  |                                      |
|   | ☐ Chapter 13                  | ☐ Check if this is an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Toni First name  Clarice Middle name  Williams  Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years  |  |   |
|     | Include your married or maiden names.  |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-5216  |   |

Debtor 1 **Toni Clarice Williams** 

Case number (if known)

|  |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|--|--|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names |  | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)   |  |  |
|  |  | EIN   | EIN  |  |  |
| 5.   | Where you live                                 |   | If Debtor 2 lives at a different address:  |  |  |
|  |  | 3000 Esquire Cir NW<br>Apt L<br>Kennesaw, GA 30144  |  |  |  |
|  |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |
|  |  | Cobb<br>County  | County   |  |  |
|  |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|  |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6.   | Why you are choosing this district to file for | Check one:  | Check one:   |  |  |
|  | bankruptcy                                     | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|  |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|  |  |   |  |  |  |

Debtor 1 Toni Clarice Williams Case number (if known)

| art | The chapter of the  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy |   |  |  |  |  |
|-----|---|--|---|--|--|--|--|
| •   | Bankruptcy Code you are choosing to file under  |  |   |  | age 1 and check the appropriat                                     |  |  |
|     | choosing to me under  | Chap   | ter 7                                     |  |  |  |  |
|     |   | ☐ Chap   | ter 11                                    |  |  |  |  |
|     |   | ☐ Chap   | ter 12                                    |  |  |  |  |
|     |   | ☐ Chap   | oter 13                                   |  |  |  |  |
| •   | How you will pay the fee  | ab<br>ord  | out how y                                 | ou may pay. Typic<br>attorney is submi                         | ally, if you are paying the fee yo                                 | ck with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with  |  |
|     |   |  |   |  |  | on, sign and attach the Application for Individuals to Pay   |  |
|     |   | □ Ire<br>bu<br>ap  | equest the<br>t is not rec<br>plies to yo | at my fee be waiv<br>quired to, waive yo<br>ur family size and | our fee, and may do so only if yo you are unable to pay the fee in | n only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition. |  |
| •   | Have you filed for bankruptcy within the  | ■ No.  |   |  |  |  |  |
|     | last 8 years?   | ☐ Yes.   |   |  |  |  |  |
|     |   |  | District                                  |  | When   | Case number  |  |
|     |   |  | District                                  |  | When   | Case number  |  |
|     |   |  | District                                  |  | When   | Case number  |  |
| 0.  | Are any bankruptcy cases pending or being   | ■ No   |   |  |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.   |   |  |  |  |  |
|     |   |  | Debtor                                    |  |  | Relationship to you  |  |
|     |   |  | District                                  |  | When   | Case number, if known  |  |
|     |   |  | Debtor                                    |  |  | Relationship to you  |  |
|     |   |  | District                                  |  | When   | Case number, if known  |  |
| 1.  | Do you rent your residence?   | □ No.  |   | line 12.   |  | 2  |  |
|     |   | Yes.   | nas y                                     |  | ned an eviction judgment agains                                    | st you?  |  |
|     |   |  |   | No. Go to line 12  | 2.   |  |  |
|     |   |  |   | Yes. Fill out Initia   | al Statement About an Eviction                                     | Judgment Against You (Form 101A) and file it with this   |  |

Debtor 1 Toni Clarice Williams Case number (if known)

| Part   | 3: Report About Any Bu  | ısinesses `                                 | You Own                  | as a Sole Proprieto   | or  |  |  |  |
|--|---|---|--------------------------|---|---|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                                       | Go to                    | Part 4.   |   |  |  |  |
|  |   | ☐ Yes.                                      | Name                     | Name and location of business   |   |  |  |  |
|  | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |   | Name of business, if any |   |   |  |  |  |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |   | Numb                     | er, Street, City, State   | e & ZIP Code  |  |  |  |
|  | it to this petition.  |   | Check                    | k the appropriate box   | to describe your business:  |  |  |  |
|  | ·   |   |                          | Health Care Busine  | ess (as defined in 11 U.S.C. § 101(27A))  |  |  |  |
|  |   |   |                          | Single Asset Real   | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|  |   |   |                          | Stockbroker (as de  | fined in 11 U.S.C. § 101(53A))  |  |  |  |
|  |   |   |                          | Commodity Broker  | (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|  |   |   |                          | None of the above   |   |  |  |  |
| If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor or a most recent balance sheet, statement cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proceed defined by 11 U.S.C. § 1182(1)? |   |   |                          | can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, e tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. |   |  |  |  |
|  | For a definition of small   | ■ No.                                       | I am r                   | I am not filing under Chapter 11.   |   |  |  |  |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                                       | I am f<br>Code.          | 1, but I am NOT a small business debtor according to the definition in the Bankruptcy   |   |  |  |  |
|  |   | ☐ Yes.                                      |                          |   | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11. |  |  |  |
|  |   | ☐ Yes.                                      |                          |   | 1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.         |  |  |  |
| Part   | Report if You Own or  | Have Any                                    | Hazardo                  | us Property or Any  | Property That Needs Immediate Attention   |  |  |  |
| 14.  | Do you own or have any  | ■ No.                                       |                          |   |   |  |  |  |
|  | alleged to pose a threat of imminent and identifiable hazard to   | ty that poses or is I to pose a threat Yes. | What is                  | the hazard?   |   |  |  |  |
|  | public health or safety? Or do you own any property that needs immediate attention?   |   |                          | iate attention is why is it needed?   |   |  |  |  |
|  | For example, do you own<br>perishable goods, or<br>livestock that must be fed,<br>or a building that needs<br>urgent repairs?                                   |   | Where is                 | the property?   | Number, Street, City, State & Zip Code  |  |  |  |
|  |   |   |                          |   |   |  |  |  |

Debtor 1 Toni Clarice Williams

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb  | tor 1 Toni Clarice Willia                                      | ams  |  | Case numb   | Der (if known)   |  |  |  |
|------|--|--|--|---|--|--|--|--|
| Part | 6: Answer These Quest  | ions for Re  | eporting Purposes  |   |  |  |  |  |
| 16.  | What kind of debts do you have?                                | 16a.   |  | onsumer debts? Consumer debts are de onal, family, or household purpose."                   | fined in 11 U.S.C. § 101(8) as "incurred by an                                   |  |  |  |
|      |  |  | ☐ No. Go to line 16b.  |   |  |  |  |  |
|      |  |  | Yes. Go to line 17.  |   |  |  |  |  |
|      |  | 16b.   |  | isiness debts? Business debts are debts stment or through the operation of the bu           |  |  |  |  |
|      |  |  | ☐ No. Go to line 16c.  |   |  |  |  |  |
|      |  |  | ☐ Yes. Go to line 17.  |   |  |  |  |  |
|      |  | 16c.   | State the type of debts you or   | we that are not consumer debts or busine  | ess debts  |  |  |  |
| 17.  | Are you filing under Chapter 7?                                | □ No.  | I am not filing under Chapter  | 7. Go to line 18.   |  |  |  |  |
|      | Do you estimate that after any exempt property is excluded and | Yes.   |  | Oo you estimate that after any exempt pro<br>ailable to distribute to unsecured creditors   | perty is excluded and administrative expenses<br>s?                              |  |  |  |
|      | administrative expenses are paid that funds will               |  | ■ No   |   |  |  |  |  |
|      | be available for<br>distribution to unsecured<br>creditors?    |  | Yes  |   |  |  |  |  |
| 18.  | How many Creditors do  | <b>1</b> -49   |  | □ 1,000-5,000   | □ 25,001-50,000  |  |  |  |
|      | you estimate that you owe?                                     | □ 50-99  |  | □ 5001-10,000   | <b>5</b> 0,001-100,000   |  |  |  |
|      |  | ☐ 100-19<br>☐ 200-99   |  | ☐ 10,001-25,000   | ☐ More than100,000   |  |  |  |
| 19.  | How much do you  | <b>\$</b> 0 - \$9  | 50 000   | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion  |  |  |  |
|      | estimate your assets to be worth?                              |  | 01 - \$100,000   | ☐ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion   |  |  |  |
|      | DO WORLD   |  | 001 - \$500,000  | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                           | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                       |  |  |  |
|      |  | □ \$500,0  | 001 - \$1 million  | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion   |  |  |  |
| 20.  | How much do you  | <b>\$0 - \$</b>  | 50,000   | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion  |  |  |  |
|      | estimate your liabilities to be?                               | □ \$50,0   | 01 - \$100,000   | □ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion   |  |  |  |
|      |  |  | 001 - \$500,000<br>001 - \$1 million   | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                              | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                        |  |  |  |
|      |  | <b>—</b> \$500,0   |  |   |  |  |  |  |
| Par  | 7: Sign Below  |  |  |   |  |  |  |  |
| For  | you  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |  |   |  |  |  |  |
|      |  |  |  | , I am aware that I may proceed, if eligible<br>elief available under each chapter, and I c | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. |  |  |  |
|      |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |  |  |  |  |
|      |  | I request  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |   |  |  |  |  |
|      |  |  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |   |  |  |  |  |
|      |  | Toni Cla   | Clarice Williams<br>arice Williams<br>of Debtor 1  | Signature of Debt   | or 2   |  |  |  |
|      |  | Executed   | on <b>November 4, 2021</b>   | Executed on   |  |  |  |  |
|      |  |  | MM / DD / YYYY   |   | M / DD / YYYY  |  |  |  |
|      |  |  |  |   |  |  |  |  |

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jeffrey B. Kelly                   | Date          | November 4, 2021           |
|--|---------------|----------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY             |
| Jeffrey B. Kelly 412798 Printed name   |               |                            |
| Law Office of Jeffrey B. Kelly, P.C.   |               |                            |
| 107 E. 5th Avenue                      |               |                            |
| Rome, GA 30161                         |               |                            |
| Number, Street, City, State & ZIP Code |               |                            |
| Contact phone <b>678-861-1127</b>      | Email address | lawoffice@kellycanhelp.com |
| 412798 GA                              |               |                            |
| Bar number & State                     |               | <del></del>                |

| Debto                                  | r 1 Toni Clarice Wi  |  | Leat Name   |   |
|--|--|--|---|---|
| Debto                                  |  | Middle Name  | Last Name   |   |
|  | e if, filing) First Name   | Middle Name  | Last Name   |   |
| United                                 | d States Bankruptcy Court for the  | NORTHERN DISTRICT OF GE  | ORGIA   |   |
| Case                                   | number   |  |   |   |
| (if know                               | n)   |  |   | Check if this is an   |
|  |  |  |   | amended filing  |
| ∩ffi,                                  | cial Form 107  |  |   |   |
|  |  | Affaire for Individual   | s Filing for Bankruptcy   | <b>√</b> 4/1  |
|  |  |  |   |   |
| nform                                  | ation. If more space is needed   | , attach a separate sheet to this fo   | ng together, both are equally respons<br>rm. On the top of any additional pag |   |
| umbe                                   | er (if known). Answer every que  | estion.  |   |   |
| Part 1                                 | Give Details About Your M  | arital Status and Where You Lived  | Before  |   |
|  |  |  |   |   |
| . W                                    | hat is your current marital stat   | us?  |   |   |
| . w                                    | _  | us?  |   |   |
| . w                                    | that is your current marital stat  Married  Not married  | us?  |   |   |
|  | Married Not married  |  | vou live now?   |   |
| . D                                    | Married Not married uring the last 3 years, have you   | us?<br>ı lived anywhere other than where   | you live now?   |   |
|  | Married Not married uring the last 3 years, have you   | ı lived anywhere other than where  | •   |   |
| . D                                    | Married Not married  uring the last 3 years, have you  No Yes. List all of the places you  | I lived anywhere other than where lived in the last 3 years. Do not inclu  | de where you live now.  |   |
| . D                                    | Married Not married uring the last 3 years, have you   | ı lived anywhere other than where  | •   | Dates Debtor 2<br>lived there   |
| 2. D                                   | Married Not married  I Not married  I No Yes. List all of the places you  Debtor 1 Prior Address:  | lived anywhere other than where lived in the last 3 years. Do not inclu  Dates Debtor 1 lived there  From-To:                                | de where you live now.  | lived there ☐ Same as Debtor 1  |
| 2. D                                   | Married Not married  uring the last 3 years, have you  No Yes. List all of the places you  Debtor 1 Prior Address:   | lived anywhere other than where lived in the last 3 years. Do not inclu  Dates Debtor 1 lived there  From-To: 6/10/2020-6/30/20              | de where you live now.  Debtor 2 Prior Address:                               | lived there   |
| 2. D                                   | Married Not married  I Not married  I No Yes. List all of the places you  Debtor 1 Prior Address:  | lived anywhere other than where lived in the last 3 years. Do not inclu  Dates Debtor 1 lived there  From-To:                                | de where you live now.  Debtor 2 Prior Address:                               | lived there ☐ Same as Debtor 1  |
| 2. D                                   | Married Not married  I No Ves. List all of the places you Debtor 1 Prior Address:  15488 Gilchrist St Detroit, MI 48227  | lived anywhere other than where lived in the last 3 years. Do not inclu  Dates Debtor 1 lived there  From-To: 6/10/2020-6/30/20 21  From-To: | de where you live now.  Debtor 2 Prior Address:                               | lived there ☐ Same as Debtor 1 From-To: ☐ Same as Debtor 1            |
| 2. D                                   | Married Not married uring the last 3 years, have you No Yes. List all of the places you Debtor 1 Prior Address: 15488 Gilchrist St Detroit, MI 48227   | lived anywhere other than where lived in the last 3 years. Do not inclu  Dates Debtor 1 lived there  From-To: 6/10/2020-6/30/20 21           | Debtor 2 Prior Address:   | lived there ☐ Same as Debtor 1 From-To:                               |
| 11 C C C C C C C C C C C C C C C C C C | Married Not married uring the last 3 years, have you No Yes. List all of the places you Debtor 1 Prior Address: 5488 Gilchrist St Detroit, MI 48227  27435 Bloomfield Dr Lathrup Village, MI 48076 | Dates Debtor 1 lived there From-To: 6/10/2020-6/30/20 21  From-To: 3/1/2020-6/9/2020   | Debtor 2 Prior Address:  Same as Debtor 1  Same as Debtor 1                   | lived there  ☐ Same as Debtor 1 From-To:  ☐ Same as Debtor 1 From-To: |
| 11 C C C C C C C C C C C C C C C C C C | Married Not married  I No Ves. List all of the places you Debtor 1 Prior Address:  15488 Gilchrist St Detroit, MI 48227  | lived anywhere other than where lived in the last 3 years. Do not inclu  Dates Debtor 1 lived there  From-To: 6/10/2020-6/30/20 21  From-To: | Debtor 2 Prior Address:   | lived there  ☐ Same as Debtor 1 From-To:  ☐ Same as Debtor 1          |

Official Form 107

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Debtor 1 **Toni Clarice Williams** Case number (if known) Part 2 **Explain the Sources of Your Income** Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) From January 1 of current year until \$41,000.00 ☐ Wages, commissions, ■ Wages, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For last calendar year: \$42,413.00 \$0.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2020) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$37,274.00 \$0.00 Wages, commissions, Wages, commissions, (January 1 to December 31, 2019) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** (before deductions Describe below. each source Describe below. (before deductions and and exclusions) exclusions) From January 1 of current year until Husband's Income \$37,677.00 the date you filed for bankruptcy: For last calendar year: **Husband's Income** \$15,000.00 (January 1 to December 31, 2020) For the calendar year before that: **Husband's Income** \$20,000.00 (January 1 to December 31, 2019) List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?  $\square$  No. Go to line 7. ☐ Yes

List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

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Debtor 1 Toni Clarice Williams Case number (if known)

not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

|  | Yes. | Debtor 1 or | Debtor 2 | or both | have primarily | y consumer | debts. |
|--|------|-------------|----------|---------|----------------|------------|--------|
|--|------|-------------|----------|---------|----------------|------------|--------|

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

□ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

|     | Creditor's Name and Address  | Dates of payment  | Total amount paid                           | Amount you still owe                    | Was this payment for   |  |
|-----|--|---|---|---|--|--|
|     | Loop Fund<br>PO Box 838<br>Keshena, WI 54135   | 10/22/2021  | \$336.16                                    | \$0.00                                  | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other Biweekly automatic EFT</li> </ul> |  |
|     | Loop Fund<br>PO Box 838<br>Keshena, WI 54135   | 10/8/2021   | \$336.16                                    | \$0.00                                  | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Biweekly automatic EFT  |  |
| 7.  | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pof which you are an officer, director, person in a business you operate as a sole proprietor. alimony. | artners; relatives of any gen-<br>n control, or owner of 20% or | eral partners; partner more of their voting | erships of which you securities; and ar | u are a general partner; corporations by managing agent, including one for   |  |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider.</li></ul>   |   |   |   |  |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                           | Amount you still owe                    | Reason for this payment  |  |
| 8.  | Within 1 year before you filed for bankruptinsider? Include payments on debts guaranteed or co.  ■ No □ Yes. List all payments to an insider   |   | ments or transfer a                         | ny property on ac                       | ccount of a debt that benefited an   |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                           | Amount you still owe                    | Reason for this payment Include creditor's name  |  |
| Pai | t 4: Identify Legal Actions, Repossessio   | ns, and Foreclosures  |   |   |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                                 |   |   |   |  |  |
|     | Case title Case number   | Nature of the case  | Court or agency                             |   | Status of the case   |  |
|     |  |   |   |   |  |  |

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Case number (if known) Debtor 1 **Toni Clarice Williams** 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Amount Date action was 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Value Describe what you contributed Dates vou more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Description and value of any property transferred

Date payment or transfer was made Amount of payment

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Case number (if known) Document

Debtor 1 Toni Clarice Williams

|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and value of any property transferred |  | rty           | Date payment<br>or transfer was<br>made             | Amount of payment                             |  |
|-----|--|---|--|---------------|---|---|--|
|     | Law Office of Jeffrey B. Kelly<br>107 E. Fifth Avenue<br>Rome, GA 30161  | \$20 credit coun                                  | pter 7 (\$338 filing<br>seling course, \$<br>gement course, \$           | 20            | October 26,<br>2021                                 | \$600.00                                      |  |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you I  No Yes. Fill in the details.   | or to make payments                               |  |               | r transfer any prope                                | erty to anyone who                            |  |
|     | Person Who Was Paid<br>Address   | Description and variansferred                     | alue of any proper   | rty           | Date payment<br>or transfer was<br>made             | Amount of payment                             |  |
|     | Americor Funding<br>18200 Von Karman Ave<br>6th Floor<br>Irvine, CA 92612  | Institution was                                   | settling debt mo   | nthly         | June 2021 -<br>October 2021                         | \$2,602.35                                    |  |
|     | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already No  Yes. Fill in the details.  | iness or financial affa<br>e as security (such as | airs?<br>the granting of a sec   |               |   |   |  |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  |   | Description and value of property transferred payments paid in exception |               |   | Date transfer was made                        |  |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote ■ No □ Yes. Fill in the details.   |   | ny property to a sel   | f-settled tru | ıst or similar device                               | of which you are a                            |  |
|     | Name of trust Description and value of the property transferred Date Transferred made  |   |  |               |   |   |  |
| Par | t 8: List of Certain Financial Accounts, Instr   | uments, Safe Deposi                               | t Boxes, and Stora   | ge Units      |   |   |  |
| 20. | <ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |  |               |   |   |  |
|     |  | ast 4 digits of account number                    | Type of account instrument   | clo<br>mo     | te account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |  |

Debtor 1 Toni Clarice Williams

Case number (if known)

| 21.  | Do you now have, or did you have within 1 year cash, or other valuables?   | ar before you filed for bankruptcy, an  | y safe deposit box or other deposito  | ory for securities,   |
|------|--|---|---------------------------------------|-----------------------|
|      | No   |   |                                       |                       |
|      | Yes. Fill in the details.  |   |                                       |                       |
|      | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had access to it? Address (Number, Street, City, State and ZIP Code)                 | Describe the contents                 | Do you still have it? |
| 22.  | Have you stored property in a storage unit or p  | place other than your home within 1   | year before you filed for bankruptcy  | ?                     |
|      | No   |   |                                       |                       |
|      | Yes. Fill in the details.  |   |                                       |                       |
|      | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | Describe the contents                 | Do you still have it? |
| Par  | t 9: Identify Property You Hold or Control for   | r Someone Else  |                                       |                       |
| 23.  | Do you hold or control any property that some for someone.   | one else owns? Include any propert  | y you borrowed from, are storing for  | , or hold in trust    |
|      | ■ No   |   |                                       |                       |
|      | Yes. Fill in the details.  |   |                                       |                       |
|      | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | Describe the property                 | Value                 |
| Par  | t 10: Give Details About Environmental Inforn  | nation  |                                       |                       |
| For  | the purpose of Part 10, the following definitions  | s annly:  |                                       |                       |
| 1 01 | the purpose of Fart 10, the following definitions  | з арріу.  |                                       |                       |
|      | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su | air, land, soil, surface water, ground  |                                       |                       |
|      | Site means any location, facility, or property as to own, operate, or utilize it, including disposa  |   | aw, whether you now own, operate, o   | or utilize it or used |
|      | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or  |   | waste, hazardous substance, toxic s   | substance,            |
| Rep  | ort all notices, releases, and proceedings that y  | you know about, regardless of when  | they occurred.                        |                       |
| 24.  | Has any governmental unit notified you that yo   | ou may be liable or potentially liable  | under or in violation of an environme | ental law?            |
|      | No   |   |                                       |                       |
|      | Yes. Fill in the details.  |   |                                       |                       |
|      | Name of site   | Governmental unit   | Environmental law, if you             | Date of notice        |
|      | Address (Number, Street, City, State and ZIP Code)   | Address (Number, Street, City, State and ZIP Code)  | know it                               |                       |
| 25.  | Have you notified any governmental unit of an  | y release of hazardous material?  |                                       |                       |
|      | ■ No   |   |                                       |                       |
|      | ☐ Yes. Fill in the details.  |   |                                       |                       |
|      | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)                    | Environmental law, if you know it     | Date of notice        |
|      |  |   |                                       |                       |

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Case number (if known)

| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders |                                  |   |   |  |                    |  |  |  |  |
|--|----------------------------------|---|---|--|--------------------|--|--|--|--|
|  | _                                |   |   |  |                    |  |  |  |  |
|  | ■ No □ Yes. Fill in the details. |   |   |  |                    |  |  |  |  |
|  |                                  | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case                     | Status of the case |  |  |  |  |
| Pai  | t 11:                            | Give Details About Your Business or C   | ,   |  |                    |  |  |  |  |
|  |                                  | nin 4 years before you filed for bankrupto  |   | ov of the following connections to a   | ny husiness?       |  |  |  |  |
| _,.  | *****                            | ☐ A sole proprietor or self-employed in   | •   |  | ny business:       |  |  |  |  |
|  |                                  | ☐ A member of a limited liability compa   |   | •                                      |                    |  |  |  |  |
|  |                                  | ☐ A partner in a partnership  |   |  |                    |  |  |  |  |
|  |                                  | ☐ An officer, director, or managing exe   | cutive of a corporation   |  |                    |  |  |  |  |
|  |                                  | ☐ An owner of at least 5% of the voting   | •   |  |                    |  |  |  |  |
|  |                                  | No. None of the above applies. Go to Pa   |   |  |                    |  |  |  |  |
|  |                                  | _   |   |  |                    |  |  |  |  |
|  | Bu                               | siness Name   | Describe the nature of the business                                     | ss Employer Identification number      |                    |  |  |  |  |
|  |                                  | dress mber, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper  | Do not include Social Security         | y number or ITIN.  |  |  |  |  |
|  |                                  |   | ·   | Dates business existed                 |                    |  |  |  |  |
| 28.  |                                  | nin 2 years before you filed for bankrupto itutions, creditors, or other parties.   | cy, did you give a financial statement                                  | to anyone about your business? Inc     | lude all financial |  |  |  |  |
|  | _                                | No  |   |  |                    |  |  |  |  |
|  |                                  | Yes. Fill in the details below.   |   |  |                    |  |  |  |  |
|  | Na                               |   | Date Issued   |  |                    |  |  |  |  |
|  |                                  | dress mber, Street, City, State and ZIP Code)   |   |  |                    |  |  |  |  |
| Pai  | rt 12:                           | Sign Below  |   |  |                    |  |  |  |  |
| are<br>with  | true a                           | ad the answers on this <i>Statement of Fina</i> and correct. I understand that making a fankruptcy case can result in fines up to \$. §§ 152, 1341, 1519, and 3571. | alse statement, concealing property,                                    | or obtaining money or property by f    |                    |  |  |  |  |
|  |                                  | i Clarice Williams  |   |  |                    |  |  |  |  |
|  |                                  | larice Williams<br>re of Debtor 1   | Signature of Debtor 2   |  |                    |  |  |  |  |
| Ŭ  |                                  | November 4, 2021  | Date  |  |                    |  |  |  |  |
|  | _                                | attach additional pages to Your Statemer  |   |  | 107\2              |  |  |  |  |
| Dia<br>■ N   | •                                | attach additional pages to <i>Your Statemen</i>   | III OI FIIIANCIAI ANANS IOI MUIVIUUAIS I                                | rilling for Bankrupicy (Official Form  | 107)?              |  |  |  |  |
| □ Y  | 'es                              |   |   |  |                    |  |  |  |  |
| _  | -                                | pay or agree to pay someone who is not  | an attorney to help you fill out bankru                                 | uptcy forms?                           |                    |  |  |  |  |
| ■ N<br>□ Y   |                                  | Name of Person . Attach the <i>Bankrup</i>  | otcy Petition Preparer's Notice, Declarati                              | on, and Signature (Official Form 119). |                    |  |  |  |  |
|  |                                  |   |   |  |                    |  |  |  |  |

Debtor 1 Toni Clarice Williams

|  |  | Docume  | nt Page 15 of 54  |   |
|--|--|---|---|---|
| Fill in this infor   | mation to identify your  | case and this filing:   |   |   |
| Debtor 1   | Toni Clarice Will  | iams  |   |   |
|  | First Name   | Middle Name   | Last Name   |   |
| Debtor 2<br>(Spouse, if filing)  | First Name   | Middle Name   | Last Name   |   |
| United States Ba   | ankruptcy Court for the:   | NORTHERN DISTRICT (   | OF GEORGIA  |   |
| Office Claics De   | and aproy Court for the.   | - NORTHERN BIOTHER  | <u> </u>  |   |
| Case number _  |  |   |   | ☐ Check if this is an amended filing                        |
|  |  |   |   | amended filling   |
| Off: a: a!   | wee 400 A /D   |   |   |   |
| _  | orm 106A/B   | 1   |   |   |
|  | e A/B: Prop  |   |   | 12/15   |
| think it fits best. E  | Be as complete and accur<br>re space is needed, attach   | ate as possible. If two marrie  | once. If an asset fits in more than one category, and people are filing together, both are equally rem. On the top of any additional pages, write you | sponsible for supplying correct                             |
| Part 1: Describe   | Each Residence, Building   | g, Land, or Other Real Estate   | e You Own or Have an Interest In  |   |
| 1. Do you own or   | have any legal or equitabl   | le interest in any residence, l   | building, land, or similar property?  |   |
| ■ No. Go to Pa   | rt 2   |   |   |   |
| ☐ Yes. Where i   |  |   |   |   |
|  |  |   |   |   |
| Part 2: Describe   | Your Vehicles  |   |   |   |
|  |  |   |   |   |
|  |  |   | hicles, whether they are registered or not?<br>ule G: Executory Contracts and Unexpired Le  |   |
| 3. Cars, vans, tr  | ucks, tractors, sport u  | tility vehicles, motorcycle   | es  |   |
| ■ No   |  |   |   |   |
| □ Yes  |  |   |   |   |
|  |  |   |   |   |
|  |  |   | nal vehicles, other vehicles, and accessories sels, snowmobiles, motorcycle accessories   | es  |
| _  |  |   |   |   |
| ■ No   |  |   |   |   |
| ■ No<br>□ Yes  |  |   |   |   |
|  |  |   |   |   |
| ☐ Yes  | or value of the nortion  | you own for all of your o   | atrice from Part 2, including any ontrice fo  |   |
| ☐ Yes  5 Add the dollar  |  |   | ntries from Part 2, including any entries fo  |   |
| ☐ Yes  5 Add the dollar  |  |   |   |   |
| ☐ Yes  5 Add the dolla pages you have Part 3: Describe   | ave attached for Part 2  | . Write that number here.   |   | => \$0.00   |
| <ul><li>☐ Yes</li><li>5 Add the dolla pages you had</li><li>Part 3: Describe</li><li>Do you own or</li></ul>   | ave attached for Part 2  Your Personal and Hous have any legal or equit                        | . Write that number here.   |   |   |
| ☐ Yes  5 Add the dolla pages you have pages you have pages you have pages.  Do you own or  6. Household go Examples: Ma ☐ No   | Your Personal and Hous have any legal or equitocods and furnishings ajor appliances, furniture | . Write that number here.   | e following items?  | Current value of the portion you own? Do not deduct secured |
| <ul> <li>☐ Yes</li> <li>5 Add the dolla pages you had pages you had pages.</li> <li>Part 3: Describe</li> <li>Do you own or</li> <li>6. Household go Examples: Ma</li> </ul> | Your Personal and Hous have any legal or equitocods and furnishings ajor appliances, furniture | Write that number here.<br>sehold Items<br>table interest in any of the | e following items?  | Current value of the portion you own? Do not deduct secured |

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Official Form 106A/B Schedule A/B: Property page 1

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| Debtor 1                  | Toni Clarice   | e Williams Case number (if known)   |   |
|---------------------------|--|---|---|
| Yes.                      | Describe   |   |   |
|                           |  | Electronics   | \$1,000.00  |
|                           |  | d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, ions, memorabilia, collectibles | or baseball card collections;   |
| ☐ Yes.                    | Describe   |   |   |
| Examp.                    | nent for sports a<br>les: Sports, photo<br>musical insti | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a                                      | nd kayaks; carpentry tools;   |
| ■ No<br>□ Yes.            | Describe   |   |   |
| ■ No                      |  | es, shotguns, ammunition, and related equipment   |   |
|                           |  |   |   |
| □ No                      | <i>ples:</i> Everyday c                                  | lothes, furs, leather coats, designer wear, shoes, accessories  |   |
| ■ Yes.                    | Describe   |   |   |
|                           |  | Clothes   | \$1,500.00  |
| □ No                      | ples: Everyday je  | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go   |   |
|                           |  | Jewelry   | \$100.00  |
| Exam <sub>i</sub><br>■ No | arm animals ples: Dogs, cats, Describe                   | birds, horses   |   |
| 14. <b>Any ot</b><br>■ No | ther personal ar   | nd household items you did not already list, including any health aids you did not list   |   |
|                           | Give specific in   | formation   |   |
|                           |  | of all of your entries from Part 3, including any entries for pages you have attached number here                                     | \$5,600.00  |
| Part 4: De                | escribe Your Fina  | ncial Assets  |   |
| Do you ov                 | wn or have any   | legal or equitable interest in any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No                      |  | have in your wallet, in your home, in a safe deposit box, and on hand when you file your petitic                                      | n   |
|                           |  | Cash  | \$25.00   |
|                           |  |   |   |

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Case number (if known)

17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... JPMorgan Chase Bank \$42.00 Checking \$300.00 17.2. Savings Credit Karma JPMorgan Chase Bank \$5.00 17.3. Checking **MVB** Bank \$0.00 17.4. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

Debtor 1

**Toni Clarice Williams** 

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Debtor 1 Toni Clarice Williams Case number (if known)

| 26. | Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  No                                       |   |
|-----|--|---|
|     | ☐ Yes. Give specific information about them  |   |
| 27. | Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  No                                      |   |
|     | ☐ Yes. Give specific information about them  |   |
| Me  | oney or property owed to you?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you  ■ No  |   |
|     | ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years   |   |
|     | Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property set  No  □ Yes. Give specific information  | tlement   |
|     | Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensate benefits; unpaid loans you made to someone else  No            | tion, Social Security   |
|     | ☐ Yes. Give specific information  Interests in insurance policies  |   |
|     | Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  ■ No  |   |
|     | ☐ Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  | Surrender or refund value:  |
| 32. | Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive someone has died. | property because  |
|     | ☐ Yes. Give specific information   |   |
| 33. | Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment<br>Examples: Accidents, employment disputes, insurance claims, or rights to sue                                     |   |
|     | ■ No □ Yes. Describe each claim  |   |
|     | Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to see  | t off claims  |
|     | Yes. Describe each claim   |   |
|     | Any financial assets you did not already list  ■ No  |   |
|     | ☐ Yes. Give specific information   |   |
| 36  | Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here  | \$372.00  |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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Case number (if known)

| Den          | ioni Ciarice Williams  |                       | Case number (if known)       |            |
|--------------|--|-----------------------|------------------------------|------------|
| 37. <b>C</b> | o you own or have any legal or equitable interest in any business-related  | property?             |                              |            |
|              | No. Go to Part 6.  |                       |                              |            |
|              | Yes. Go to line 38.  |                       |                              |            |
|              |  |                       |                              |            |
| Part         | 6: Describe Any Farm- and Commercial Fishing-Related Property You C If you own or have an interest in farmland, list it in Part 1. | wn or Have an Interes | st In.                       |            |
| 46. I        | Do you own or have any legal or equitable interest in any farm- o  | r commercial fishir   | ng-related property?         |            |
|              | No. Go to Part 7.  |                       |                              |            |
|              | Yes. Go to line 47.  |                       |                              |            |
| B (          | - Particular All David Van Caral Harvard All That Van I  | S. 1 M                |                              |            |
| Part         | 7: Describe All Property You Own or Have an Interest in That You I   | JIG NOT LIST ABOVE    |                              |            |
| 53.          | Do you have other property of any kind you did not already list?   |                       |                              |            |
|              | Examples: Season tickets, country club membership  |                       |                              |            |
| _            | No   |                       |                              |            |
| L            | Yes. Give specific information   |                       |                              |            |
| 54.          | Add the dollar value of all of your entries from Part 7. Write that  | number here           |                              | \$0.00     |
|              | ,  |                       |                              | 40.00      |
| Part         | 8: List the Totals of Each Part of this Form   |                       |                              |            |
| 55.          | Part 1: Total real estate, line 2  |                       |                              | \$0.00     |
| 56.          | Part 2: Total vehicles, line 5   | \$0.00                |                              |            |
| 57.          | Part 3: Total personal and household items, line 15  | \$5,600.00            |                              |            |
| 58.          | Part 4: Total financial assets, line 36  | \$372.00              |                              |            |
| 59.          | Part 5: Total business-related property, line 45   | \$0.00                |                              |            |
| 60.          | Part 6: Total farm- and fishing-related property, line 52  | \$0.00                |                              |            |
| 61.          | Part 7: Total other property not listed, line 54 +   | \$0.00                |                              |            |
| 62.          | Total personal property. Add lines 56 through 61   | \$5,972.00            | Copy personal property total | \$5,972.00 |
| 63.          | Total of all property on Schedule A/B. Add line 55 + line 62   |                       |                              | \$5,972.00 |

Official Form 106A/B Schedule A/B: Property page 5

\$5,972.00

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| Fill in this information to identify your case:                      |                                 |   |   |   |  |  |  |
|--|---------------------------------|---|---|---|--|--|--|
| Debtor 1 Toni Clarice Williams                                       |                                 |   |   |   |  |  |  |
| First Name   | Middle Name                     | Last Name   |   |   |  |  |  |
|  |                                 |   |   |   |  |  |  |
| First Name   | Middle Name                     | Last Name   |   |   |  |  |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA |                                 |   |   |   |  |  |  |
|  |                                 |   |   |   |  |  |  |
|  |                                 |   |   | ☐ Check if this is an   |  |  |  |
|  |                                 |   |   | amended filing  |  |  |  |
|  | Toni Clarice Willing First Name | Toni Clarice Williams  First Name Middle Name  First Name Middle Name | Toni Clarice Williams  First Name Middle Name Last Name  First Name Middle Name Last Name | Toni Clarice Williams  First Name Middle Name Last Name  First Name Middle Name Last Name |  |  |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|    | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)   |  |       |   |                                    |  |  |
|----|--|--|-------|---|------------------------------------|--|--|
|    | ■ You are claiming federal exemptions. 11 L  | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) |       |   |                                    |  |  |
| 2. | For any property you list on Schedule A/B  | that you claim as exe                                      | empt, | fill in the information below.                                  |                                    |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own                       | Amo   | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |
|    |  | Copy the value from<br>Schedule A/B                        | Che   | eck only one box for each exemption.                            |                                    |  |  |
|    | Household Items (no single item over \$300)  | \$3,000.00   |       | \$3,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |
|    | Line from Schedule A/B: <b>6.1</b>   |  |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Electronics Line from Schedule A/B: 7.1  | \$1,000.00   |       | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |
|    | Line Ironi Schedule A.B. 7.1   |  |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Clothes Line from Schedule A/B: 11.1   | \$1,500.00   |       | \$1,500.00  | 11 U.S.C. § 522(d)(3)              |  |  |
|    | Line Iron Schedule AVB. 11.1   |  |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Jewelry Line from Schedule A/B: 12.1   | \$100.00   |       | \$100.00  | 11 U.S.C. § 522(d)(4)              |  |  |
|    | Line IIIIII Schedule AVB. 12.1   |  |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Cash Line from Schedule A/B: 16.1  | \$25.00  |       | \$25.00   | 11 U.S.C. § 522(d)(5)              |  |  |
|    | LINE HOTH SCHEUUR AVD. 10.1  |  |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |

| De | Debtor 1 Toni Clarice Williams   |                                     |        | Case number (if known)  |                                    |  |  |
|----|--|-------------------------------------|--------|---|------------------------------------|--|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property |                                     |        | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |
|    |  | Copy the value from<br>Schedule A/B | Che    | ck only one box for each exemption.                             |                                    |  |  |
|    | Checking: JPMorgan Chase Bank Line from Schedule A/B: 17.1                             | \$42.00                             |        | \$42.00   | 11 U.S.C. § 522(d)(5)              |  |  |
|    | Zino nom consulta 772.   |                                     |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Savings: Credit Karma Line from Schedule A/B: 17.2                                     | \$300.00                            |        | \$300.00  | 11 U.S.C. § 522(d)(5)              |  |  |
|    | Line from Schedule A/B: 17.2   |                                     |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|    | Checking: JPMorgan Chase Bank Line from Schedule A/B: 17.3                             | \$5.00                              |        | \$5.00  | 11 U.S.C. § 522(d)(5)              |  |  |
|    | Line Holli Schedule A/B. 11.3  |                                     |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every  No |                                     |        | led on or after the date of adjustmer                           | nt.)                               |  |  |
|    | Yes. Did you acquire the property cover  | ed by the exemption wi              | thin 1 | ,215 days before you filed this case                            | ?                                  |  |  |
|    | □ No   |                                     |        |   |                                    |  |  |
|    | □ Yes  |                                     |        |   |                                    |  |  |

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| Fill in this information to identify your case: |                          |                   |            |   |                       |  |
|---|--------------------------|-------------------|------------|---|-----------------------|--|
| Debtor 1  | Toni Clarice Willi       | ams               |            |   |                       |  |
|   | First Name               | Middle Name       | Last Name  |   |                       |  |
| Debtor 2  |                          |                   |            |   |                       |  |
| (Spouse if, filing)                             | First Name               | Middle Name       | Last Name  | _ |                       |  |
| United States Ba                                | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA |   |                       |  |
| Case number                                     |                          |                   |            |   |                       |  |
| (if known)                                      |                          |                   |            |   | ☐ Check if this is an |  |
|   |                          |                   |            |   | amended filing        |  |

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

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|                                       |  | Document Page 23 of   | 54                     |                    |                    |
|---------------------------------------|--|---|------------------------|--------------------|--------------------|
| Fill in this infor                    | mation to identify your case:                  |   |                        |                    |                    |
| Debtor 1                              | Toni Clarice Williams                          |   |                        |                    |                    |
| 200101 1                              |  | liddle Name Last Name   |                        |                    |                    |
| Debtor 2                              |  |   |                        |                    |                    |
| (Spouse if, filing)                   | First Name N                                   | liddle Name Last Name   |                        |                    |                    |
| United States Ba                      | ankruptcy Court for the: NORT                  | HERN DISTRICT OF GEORGIA  |                        |                    |                    |
| Case number                           |  |   |                        |                    |                    |
| (if known)                            |  |   |                        | ☐ Ch               | eck if this is an  |
|                                       |  |   |                        | am                 | ended filing       |
| Official Form                         | ~ 106E/E                                       |   |                        |                    |                    |
| Official Forr                         |  | ave Unsecured Claims  |                        |                    | 12/15              |
|                                       |  | for creditors with PRIORITY claims and Part 2   |                        | IDDIODITY . I      |                    |
| 1. Do any credit                      | All of Your PRIORITY Unsecured claims          |   |                        |                    |                    |
| ☐ No. Go to F                         | Part 2.  |   |                        |                    |                    |
| Yes.                                  |  |   |                        |                    |                    |
| identify what ty<br>possible, list th | ype of claim it is. If a claim has both pr     | ditor has more than one priority unsecured claim,<br>iority and nonpriority amounts, list that claim here<br>ng to the creditor's name. If you have more than t<br>aim, list the other creditors in Part 3. | and show both priority | and nonpriority am | ounts. As much as  |
| (For an explan                        | nation of each type of claim, see the in       | structions for this form in the instruction booklet.)   |                        |                    |                    |
|                                       |  |   | Total claim            | Priority amount    | Nonpriority amount |
| 2.1 Georgi                            | a Department of Revenue                        | Last 4 digits of account number   | \$0.00                 | _                  | .00 \$0.00         |
| Bankru<br>PO Box                      | reditor's Name uptcy Section x 161108          | When was the debt incurred?   |                        | _                  |                    |
|                                       | a, GA 30321-1108<br>Street City State Zip Code | As of the date you file, the claim is: Check  | all that apply         |                    |                    |
| Who incurre                           | ed the debt? Check one.                        | ☐ Contingent  |                        |                    |                    |
| Debtor 1                              | only   | ☐ Unliquidated  |                        |                    |                    |
| Debtor 2                              | only   | ☐ Disputed  |                        |                    |                    |
| Debtor 1                              | and Debtor 2 only                              | Type of PRIORITY unsecured claim:   |                        |                    |                    |
| ☐ At least o                          | ne of the debtors and another                  | ☐ Domestic support obligations  |                        |                    |                    |
|                                       | this claim is for a community debt             | Taxes and certain other debts you owe th  | e government           |                    |                    |
|                                       | subject to offset?                             | ☐ Claims for death or personal injury while y   | ou were intoxicated    |                    |                    |
| ■ No                                  |  | ☐ Other. Specify  |                        |                    |                    |
| ☐ Yes                                 |  | Notice Only   |                        |                    |                    |

| Debto    | Toni Clarice Williams   | Case number (if known)   |                           |  |  |  |  |
|----------|---|--|---------------------------|--|--|--|--|
| 2.2      | Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346                           | Last 4 digits of account number \$0.00 \$  When was the debt incurred?   | \$0.00                    |  |  |  |  |
|          | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply  |                           |  |  |  |  |
| 1        | Who incurred the debt? Check one.   | ☐ Contingent   |                           |  |  |  |  |
| - 1      | Debtor 1 only   | ☐ Unliquidated   |                           |  |  |  |  |
|          | Debtor 2 only   | Disputed   |                           |  |  |  |  |
|          | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured claim:  |                           |  |  |  |  |
|          | ☐ At least one of the debtors and another   | ☐ Domestic support obligations   |                           |  |  |  |  |
|          | ☐ Check if this claim is for a community debt   | Taxes and certain other debts you owe the government   |                           |  |  |  |  |
| ı        | s the claim subject to offset?  | $\square$ Claims for death or personal injury while you were intoxicated   |                           |  |  |  |  |
| I        | No  | ☐ Other. Specify   |                           |  |  |  |  |
|          | ☐Yes  | Notice Only  |                           |  |  |  |  |
| ur<br>th | secured claim, list the creditor separately for each c  | e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already in creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |  |  |  |  |
| 4.1      | A ffirms In a   | Lock A divite of account number  |                           |  |  |  |  |
| 4.1      | Affirm Inc Nonpriority Creditor's Name 633 Folsom St FI 7 San Francisco, CA 94107 Number Street City State Zip Code | When was the debt incurred?  As of the date you file, the claim is: Check all that apply   | <b>\$0.00</b>             |  |  |  |  |
|          | Who incurred the debt? Check one.   |  |                           |  |  |  |  |
|          | Debtor 1 only   | Contingent   |                           |  |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |                           |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |                           |  |  |  |  |
|          | At least one of the debtors and another   | Student loans  |                           |  |  |  |  |
|          | ☐ Check if this claim is for a community debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not  |                           |  |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims  |                           |  |  |  |  |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |                           |  |  |  |  |
|          | ☐ Yes   | ■ Other. Specify Notice Only   | _                         |  |  |  |  |

| Debt | or 1 Toni Clarice Williams                            | Case number (if known)  |        |  |  |  |
|------|---|---|--------|--|--|--|
| 4.2  | Comenity Bank/Ashstwrt                                | Last 4 digits of account number   | \$0.00 |  |  |  |
|      | Nonpriority Creditor's Name PO Box 182789             | When was the debt incurred?   |        |  |  |  |
|      | Columbus, OH 43218  Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply                     |        |  |  |  |
|      | Who incurred the debt? Check one.                     | The strain state you may also statumed officers and that apply                  |        |  |  |  |
|      | ■ Debtor 1 only                                       | ☐ Contingent  |        |  |  |  |
|      | Debtor 2 only   | ☐ Unliquidated  |        |  |  |  |
|      | Debtor 1 and Debtor 2 only                            | ☐ Disputed  |        |  |  |  |
|      | ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecured claim:  |        |  |  |  |
|      | _   | Student loans   |        |  |  |  |
|      | ☐ Check if this claim is for a community debt         | ☐ Obligations arising out of a separation agreement or divorce that you did not |        |  |  |  |
|      | Is the claim subject to offset?                       | report as priority claims   |        |  |  |  |
|      | ■ No  | Debts to pension or profit-sharing plans, and other similar debts               |        |  |  |  |
|      | Yes   | ■ Other. Specify Notice Only  |        |  |  |  |
| 4.3  | ComenityBank/GardnerWht                               | Last 4 digits of account number   | \$0.00 |  |  |  |
|      | Nonpriority Creditor's Name                           |   |        |  |  |  |
|      | PO Box 182120<br>Columbus, OH 43218                   | When was the debt incurred?   |        |  |  |  |
|      | Number Street City State Zip Code                     | As of the date you file, the claim is: Check all that apply                     |        |  |  |  |
|      | Who incurred the debt? Check one.                     | ,   |        |  |  |  |
|      | ■ Debtor 1 only                                       | ☐ Contingent  |        |  |  |  |
|      | ☐ Debtor 2 only                                       | ☐ Unliquidated  |        |  |  |  |
|      | Debtor 1 and Debtor 2 only                            | ☐ Disputed  |        |  |  |  |
|      | ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecured claim:  |        |  |  |  |
|      | ☐ Check if this claim is for a community              | ☐ Student loans   |        |  |  |  |
|      | debt  | Dobligations arising out of a separation agreement or divorce that you did not  |        |  |  |  |
|      | Is the claim subject to offset?                       | report as priority claims   |        |  |  |  |
|      | No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |        |  |  |  |
|      | Yes   | ■ Other. Specify Notice Only  |        |  |  |  |
| 4.4  | Credit Acceptance Corp                                | Last 4 digits of account number   | \$0.00 |  |  |  |
|      | Nonpriority Creditor's Name                           |   |        |  |  |  |
|      | 25505 W 12 Mile Road<br>Southfield, MI 48034-1846     | When was the debt incurred?   |        |  |  |  |
|      | Number Street City State Zip Code                     | As of the date you file, the claim is: Check all that apply                     |        |  |  |  |
|      | Who incurred the debt? Check one.                     | ,   |        |  |  |  |
|      | ■ Debtor 1 only                                       | ☐ Contingent  |        |  |  |  |
|      | Debtor 2 only   | □ Unliquidated  |        |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                          | □ Disputed  |        |  |  |  |
|      | ☐ At least one of the debtors and another             | Type of NONPRIORITY unsecured claim:  |        |  |  |  |
|      | ☐ Check if this claim is for a community              | ☐ Student loans   |        |  |  |  |
|      | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |        |  |  |  |
|      | Is the claim subject to offset?                       | report as priority claims   |        |  |  |  |
|      | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |        |  |  |  |
|      | ☐ Yes   | ■ Other. Specify Notice Only  |        |  |  |  |

| Case number (if known)  |   |  |  |
|---|---|--|--|
| Last 4 digits of account number   | \$0.00  |  |  |
| When was the debt incurred?   |   |  |  |
| As of the date you file the claim is: Check all that apply  |   |  |  |
| As of the date you me, the draining. Officer all that apply   |   |  |  |
| ☐ Contingent  |   |  |  |
|   |   |  |  |
| •   |   |  |  |
| ·   |   |  |  |
| ☐ Student loans   |   |  |  |
| ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |  |  |
| <u></u>   |   |  |  |
| ■ Other. Specify Notice Only  |   |  |  |
| Last 4 digits of account number   | \$0.00  |  |  |
| <del></del>   | Ψ0.00   |  |  |
| When was the debt incurred?   |   |  |  |
| As of the date you file, the claim is: Check all that apply   |   |  |  |
| . ,   |   |  |  |
| ☐ Contingent  |   |  |  |
| ☐ Unliquidated  |   |  |  |
| □ Disputed  |   |  |  |
| Type of NONPRIORITY unsecured claim:  |   |  |  |
| ☐ Student loans   |   |  |  |
| ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |  |  |
| Debts to pension or profit-sharing plans, and other similar debts   |   |  |  |
| ■ Other. Specify Notice Only  |   |  |  |
| Last 4 digits of account number   | \$0.00  |  |  |
| When was the debt incurred?   |   |  |  |
|   |   |  |  |
| As of the date you file, the claim is: Check all that apply   |   |  |  |
|   |   |  |  |
| ☐ Contingent  |   |  |  |
| ☐ Unliquidated  |   |  |  |
| ☐ Disputed  |   |  |  |
| Type of NONPRIORITY unsecured claim:  |   |  |  |
| ☐ Student loans   |   |  |  |
| ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |  |  |
| ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |  |  |
| ■ Other. Specify Notice Only  |   |  |  |
|   | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Notice Only  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Notice Only  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NonPRIORITY unsecured claim: Contingent Unliquidated Disputed Type of NonPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims |  |  |

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Toni Clarice Williams

Case number (if known)

|   | Jase number (if known)  |  |
|---|---|--|
| Last 4 digits of account number                                 | 8635  | \$82.00  |
| When was the debt incurred?                                     | 04-30-2021  |  |
| As of the date you file, the claim is                           | : Check all that apply  |  |
| ☐ Contingent  |   |  |
| ☐ Unliquidated  |   |  |
| □ Disputed  |   |  |
| Type of NONPRIORITY unsecured                                   | claim:  |  |
| ☐ Student loans   |   |  |
| Obligations arising out of a separa report as priority claims   | ation agreement or divorce that you did not   |  |
| ☐ Debts to pension or profit-sharing                            | plans, and other similar debts  |  |
| ■ Other. Specify Michigan                                       | ditor: Northstar Anesthesia of  |  |
| Last 4 digits of account number                                 |   | \$0.00   |
| When was the debt incurred?                                     |   |  |
| As of the date you file, the claim is                           | : Check all that apply  |  |
|   |   |  |
| ☐ Contingent  |   |  |
| ☐ Unliquidated  |   |  |
| ☐ Disputed  |   |  |
| <u></u>   | claim:  |  |
| _   |   |  |
| report as priority claims                                       | ation agreement or divorce that you did not   |  |
| ☐ Debts to pension or profit-sharing                            | plans, and other similar debts  |  |
| Other. Specify Notice Only                                      |   |  |
| Last 4 digits of account number                                 |   | \$0.00   |
|   | <del></del>   |  |
| When was the debt incurred?                                     |   |  |
| As of the date you file, the claim is                           | : Check all that apply  |  |
| • ,   | 11.7  |  |
| ☐ Contingent  |   |  |
| ☐ Unliquidated  |   |  |
| ☐ Disputed  |   |  |
| Type of NONPRIORITY unsecured                                   | claim:  |  |
| ☐ Student loans   |   |  |
| ☐ Obligations arising out of a separa report as priority claims | ation agreement or divorce that you did not   |  |
| ☐ Debts to pension or profit-sharing                            | plans, and other similar debts  |  |
| ■ Other. Specify Notice Only                                    |   |  |
|   | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Debts to pension or profit-sharing Original Cre Michigan  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separ report as priority claims Debts to pension or profit-sharing Nother. Specify  Notice Only  Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured?  As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured?  Student loans Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Cobligations arising out of a separ report as priority claims Debts to pension or profit-sharing | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Original Creditor: Northstar Anesthesia of Michigan  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Other. Specify Notice Only  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Contingent Contingent Contingent Contingent Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Notice Only  Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts |

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| Finewise Bank   | Last 4 digits of account number   |       |
|---|---|-------|
| Nonpriority Creditor's Name Upstart Loan Operations PO Box 1503 | When was the debt incurred? 2021  |       |
| San Carlos, CA 94070<br>Number Street City State Zip Code       | As of the date you file, the claim is: Check all that apply   |       |
| Who incurred the debt? Check one.                               | _   |       |
| Debtor 1 only   | Contingent  |       |
| Debtor 2 only   | Unliquidated  |       |
| Debtor 1 and Debtor 2 only                                      | Disputed  |       |
| At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:  |       |
| Check if this claim is for a community                          | ☐ Student loans   |       |
| debt<br>Is the claim subject to offset?                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |       |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |       |
| Yes   | Other. Specify Notice   |       |
| Genesis Bankcard Service  | Last 4 digits of account number   |       |
| Nonpriority Creditor's Name PO Box 4499                         | When was the debt incurred?   |       |
| Beaverton, OR 97076  Number Street City State Zip Code          | As of the date you file, the claim is: Check all that apply   |       |
| Who incurred the debt? Check one.                               |   |       |
| Debtor 1 only   | Contingent  |       |
| Debtor 2 only   | Unliquidated  |       |
| Debtor 1 and Debtor 2 only                                      | ☐ Disputed  |       |
| At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:  |       |
| ☐ Check if this claim is for a community<br>debt                | ☐ Student loans   |       |
| debt<br>Is the claim subject to offset?                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |       |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |       |
| ☐ Yes   | ■ Other. Specify Notice Only  |       |
| JPMCB Card Services   | Last 4 digits of account number 6684  | \$1,3 |
| Nonpriority Creditor's Name                                     | Last 4 digits of account number 6084  | Ψ1,5  |
| PO Box 15369<br>Wilmington, DE 19850                            | When was the debt incurred? 06-28-2018  |       |
| Number Street City State Zip Code                               | As of the date you file, the claim is: Check all that apply   |       |
| Who incurred the debt? Check one.                               |   |       |
| Debtor 1 only   | Contingent  |       |
| Debtor 2 only   | ☐ Unliquidated  |       |
| Debtor 1 and Debtor 2 only                                      | ☐ Disputed  |       |
| At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:  |       |
| $\square$ Check if this claim is for a community debt           | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not         |       |
| Is the claim subject to offset?                                 | report as priority claims   |       |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                             |       |
| ☐ Yes   | ■ Other. Specify Credit Card  |       |

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Toni Clarice Williams Case number (if known)

| Deb      | or 1 Toni Clarice Williams   | Case number (if known)  |            |
|----------|--|---|------------|
| 4.1      | Loop Fund  | Lord Addition of account assessed   | \$2,250.00 |
| 4        | Nonpriority Creditor's Name  | Last 4 digits of account number   | \$2,250.00 |
|          | PO Box 838   | When was the debt incurred? 2021  |            |
|          | Keshena, WI 54135  | As of the date way file the plainties Charles II that each.   |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|          | _  | ☐ Student loans   |            |
|          | ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|          | Is the claim subject to offset?                                      | report as priority claims   |            |
|          | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|          | Yes  | Other. Specify Personal Loan  |            |
| 4.1      | Syncb/American Signature   | Last 4 digits of account number 1919  | \$2,899.00 |
| 5        | Nonpriority Creditor's Name  | Last 4 digits of account number 1919  | Ψ2,033.00  |
|          | P O Box 965036<br>Orlando, FL 32896                                  | When was the debt incurred? 05-16-2021  |            |
|          | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    |   |            |
|          | ■ Debtor 1 only  | ☐ Contingent  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | ☐ Yes  | ■ Other. Specify Charge Account   |            |
|          | 163  | Utner. Specify  |            |
| 4.1<br>6 | SYNCB/Care Credit  | Last 4 digits of account number   | \$0.00     |
|          | Nonpriority Creditor's Name PO Box 965036                            | When was the debt incurred?   |            |
|          | Orlando, FL 32896  Number Street City State Zip Code                 | As of the date you file, the claim is: Check all that apply   |            |
|          | Who incurred the debt? Check one.                                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |            |
|          | Debtor 1 only  | ☐ Contingent  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | ☐ Yes  | ■ Other. Specify Notice Only  |            |
|          |  | — Other: Specify  |            |

| I oni Ciarice Williams  | Case number (if known)  |            |  |  |  |  |
|---|---|------------|--|--|--|--|
| Syncb/PPMC  | Last 4 digits of account number 4419  | \$957.00   |  |  |  |  |
| Nonpriority Creditor's Name PO Box 965005   | When was the debt incurred? 06-22-2018  |            |  |  |  |  |
| Orlando, FL 32896  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |  |  |  |  |
| Debtor 1 only   | ☐ Contingent  |            |  |  |  |  |
| Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |  |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |  |  |  |  |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |  |  |  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |            |  |  |  |  |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |  |  |  |  |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |  |  |
| Yes   | ■ Other. Specify Credit Card  |            |  |  |  |  |
| Trans Union   | Last 4 digits of account number   | \$0.00     |  |  |  |  |
| Nonpriority Creditor's Name   | <del></del>   |            |  |  |  |  |
| PO Box 1000<br>Chester, PA 19022  | When was the debt incurred?   |            |  |  |  |  |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |            |  |  |  |  |
| Who incurred the debt? Check one.   |   |            |  |  |  |  |
| Debtor 1 only   | ☐ Contingent  |            |  |  |  |  |
| Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |  |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |  |  |  |  |
| $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:  |            |  |  |  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |            |  |  |  |  |
| debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |  |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |  |  |
| Yes   | Other. Specify Notice Only  |            |  |  |  |  |
| Upgrade   | Last 4 digits of account number 2048  | \$4,534.00 |  |  |  |  |
| Nonpriority Creditor's Name   | <del></del>   |            |  |  |  |  |
| 275 Battery St  | When was the debt incurred? 04-30-2021  |            |  |  |  |  |
| 23rd Floor<br>San Francisco, CA 94111   |   |            |  |  |  |  |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |            |  |  |  |  |
| Who incurred the debt? Check one.   |   |            |  |  |  |  |
| Debtor 1 only   | ☐ Contingent  |            |  |  |  |  |
| Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |  |  |  |  |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |  |  |  |  |
| ☐ Check if this claim is for a community  | ☐ Student loans   |            |  |  |  |  |
| debt  | $\square$ Obligations arising out of a separation agreement or divorce that you did not                           |            |  |  |  |  |
| Is the claim subject to offset?   | report as priority claims   |            |  |  |  |  |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |  |
| □Yes  | ■ Other. Specify Personal Loan  |            |  |  |  |  |

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| Debtor   | 1 Toni Clar   | ice Williams                          |   | Case nu                               | umber (if know  | vn)  |   |  |  |
|--|---|---------------------------------------|---|---------------------------------------|---|--|---|--|--|
| 4.2  | Upstart Net   |                                       | Last 4 digits of account numbe  | r 8179                                |   |  | \$10,617.00                               |  |  |
|  | Nonpriority Cre PO Box 150  |                                       | When was the debt incurred?   | 12-14                                 | 1-2020  |  |   |  |  |
|  | San Carlos  | , CA 94070                            |   |                                       |   |  |   |  |  |
| -  | Number Street   | City State Zip Code                   | As of the date you file, the clair  | n is: Check                           | call that apply   | 1  |   |  |  |
|  | Who incurred  | the debt? Check one.                  |   |                                       |   |  |   |  |  |
|  | Debtor 1 on   | ly                                    | ☐ Contingent  |                                       |   |  |   |  |  |
|  | Debtor 2 on   | ly                                    | ☐ Unliquidated  |                                       |   |  |   |  |  |
|  | Debtor 1 an   | d Debtor 2 only                       | ☐ Disputed  |                                       |   |  |   |  |  |
|  | ☐ At least one  | of the debtors and another            | Type of NONPRIORITY unsecu  | red claim:                            |   |  |   |  |  |
|  | ☐ Check if th   | is claim is for a community           | ☐ Student loans   |                                       |   |  |   |  |  |
|  | debt  | ubject to offset?                     | ☐ Obligations arising out of a se report as priority claims                         | paration ag                           | reement or div  | vorce that you did not                                     |   |  |  |
|  | ■ No  |                                       | Debts to pension or profit-sha  | ring plans,                           | and other simi  | ilar debts   |   |  |  |
|  | ☐ Yes   |                                       | Other. Specify Loan   | Tother Specific Loan                  |   |  |   |  |  |
| is tryin<br>have n<br>notifie<br>Name an<br>Norths<br>3990 J | ng to collect fromore than one of<br>d for any debts<br>and Address | om you for a debt you owe to s        | On which entry in Part 1 or Part 2 did you Line <u>4.8</u> of ( <i>Check one</i> ): | in Parts 1 Iditional cr bu list the o | or 2, then list<br>editors here.<br>original creditor<br>Creditors with | t the collection agency her<br>If you do not have addition | e. Similarly, if you<br>nal persons to be |  |  |
|  |   |                                       | Insecured Claim aims. This information is for statistica                            | l reporting                           |   | nly. 28 U.S.C. §159. Add the                               | amounts for each                          |  |  |
|  | 6a.   | Domestic support obligatio            | ns  | 6a.                                   | \$  | 0.00   |   |  |  |
| Total claims   |   |                                       |   | <i>5</i> <b>a</b> .                   | Ψ   | 0.00   |   |  |  |
| from Pa  |   |                                       | ots you owe the government  | 6b.                                   | \$  | 0.00   |   |  |  |
|  | 6c.   | · · · · · · · · · · · · · · · · · · · | al injury while you were intoxicated  | 6c.                                   | \$  | 0.00   |   |  |  |
|  | 6d.   | Otner. Add all other priority u       | nsecured claims. Write that amount here.  | 6d.                                   | \$  | 0.00   |   |  |  |
|  | 6e.   | Total Priority. Add lines 6a th       | nrough 6d.  | 6e.                                   | \$  | 0.00   |   |  |  |

Total claims from Part 2

6f.

6g.

6h.

6i.

here.

Student loans

you did not report as priority claims

Total Nonpriority. Add lines 6f through 6i.

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

Other. Add all other nonpriority unsecured claims. Write that amount

**Total Claim** 

0.00

0.00

0.00

22,708.00

22,708.00

6f.

6g.

6h.

6i.

6j.

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| Fill in this infor             | mation to identify your  | case:             |            |                     |
|--------------------------------|--------------------------|-------------------|------------|---------------------|
| Debtor 1 Toni Clarice Williams |                          |                   |            |                     |
|                                | First Name               | Middle Name       | Last Name  |                     |
| Debtor 2                       |                          |                   |            |                     |
| (Spouse if, filing)            | First Name               | Middle Name       | Last Name  |                     |
| United States Ba               | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA |                     |
| Case number                    |                          |                   |            |                     |
| (if known)                     |                          |                   |            | Check if this is an |
|                                |                          |                   |            | amended filing      |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р   | erson or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|---|---|
| 2.1 | American Furniture Warehouse<br>8820 American Way<br>Englewood, CO 80112                                    | Washer & Dryer<br>\$50/month            |
| 2.2 | Ford Motor Credit<br>P.O. Box 542000<br>Omaha, NE 68154   | Lease for 2020 Ford Explorer            |

|   |  | Docume  | nt Page 33 t  | JI 54  |  |
|---|--|---|---|--|--|
| Fill in this in                                 | nformation to identify your  | case:   |   |  |  |
| Debtor 1  | Toni Clarice Willi   | ame   |   |  |  |
| DCDIOI 1  | First Name   | Middle Name   | Last Name   |  |  |
| Debtor 2  |  |   |   |  |  |
| (Spouse if, filing)                             | First Name   | Middle Name   | Last Name   |  |  |
| United State                                    | s Bankruptcy Court for the:  | NORTHERN DISTRICT   | OF GEORGIA  |  |  |
|   |  |   |   |  |  |
| Case number                                     | er   |   |   |  | ☐ Check if this is an  |
| ()  |  |   |   |  | amended filing   |
|   |  |   |   |  | 3  |
| Official  | Form 106H  |   |   |  |  |
| Schedi  | ıle H: Your Cod  | ehtors  |   |  | 12/15  |
| ocnicat   | aic II. Ioui oou   | CDIOIS  |   |  | 12/13  |
| ■ No □ Yes  2. Within Arizona, ■ No. G □ Yes. I | California, Idaho, Louisiana, Go to line 3. Did your spouse, former spouse, forme | I lived in a community pr<br>Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>ors. Do not include your<br>f that person is a guaran | roperty state or territo<br>erto Rico, Texas, Wash<br>e with you at the time?<br>spouse as a codebto<br>tor or cosigner. Make | ry? (Community propert<br>ington, and Wisconsin.)<br>r if your spouse is filing<br>sure you have listed th | g with you. List the person shown<br>ne creditor on Schedule D (Official |
| out Col   |  | Form 106E/F), or Sched  | ule G (Official Form 10   | J6G). Use Schedule D,  | Schedule E/F, or Schedule G to fill                                      |
| C   | olumn 1: Your codebtor   |   |   | Column 2: The cre  | editor to whom you owe the debt  |
|   | me, Number, Street, City, State and Z  | P Code  |   | Check all schedule   | •  |
|   |  |   |   | По ::  |  |
| 3.1 Na  | ame  |   |   | _  |  |
| 140   |  |   |   | ☐ Schedule E/F, I  |  |
|   |  |   |   | ☐ Schedule G, lin  | e  |
|   | umber Street   | 01-1-   | 710.0 - 4 -   |  |  |
| Cit   | ty   | State   | ZIP Code  |  |  |
|   |  |   |   |  |  |
| 3.2   |  |   |   | Schedule D, lin  | e  |
| Na  | ame  |   |   | ☐ Schedule E/F, I  |  |
|   |  |   |   | ☐ Schedule G, lin  | e  |
| Nu  | umber Street   |   |   | <u> </u>   |  |
| Cit   | ty   | State   | ZIP Code  |  |  |
|   |  |   |   |  |  |

| Fill               | in this information to identify your ca  | ase:                          |   |                              |                          |                           |                              |                             |
|--------------------|--|-------------------------------|---|------------------------------|--------------------------|---------------------------|------------------------------|-----------------------------|
| Del                | otor 1 Toni Clarice  | Williams                      |   |                              |                          |                           |                              |                             |
|                    | otor 2   |                               |   |                              |                          |                           |                              |                             |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC            | CT OF GEORGIA                                       |                              |                          |                           |                              |                             |
|                    | se number  |                               | -   |                              | ☐ A su                   | mended fili<br>pplement s | J                            | petition chapter<br>g date: |
| 0                  | fficial Form 106l  |                               |   |                              | MM                       | DD/ YYY                   | 7                            | 3                           |
| S                  | chedule I: Your Inc  | ome                           |   |                              |                          | 22,                       | •                            | 12/15                       |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wi | ng jointly, and your sp<br>ith you, do not include  | ouse is livir<br>information | ng with yo<br>n about yo | u, include<br>ur spouse   | information a. If more spa   | about your ace is needed,   |
| 1.                 | Fill in your employment information.   |                               | Debtor 1  |                              | De                       | ebtor 2 or                | non-filing sp                | oouse                       |
|                    | If you have more than one job, attach a separate page with information about additional  | Employment status             | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                              |                          | Employed                  |                              |                             |
|                    | employers.   | Occupation                    | Settlement Suppo                                    | ort Spec                     |                          |                           |                              |                             |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name               | Zelis Healthcare (                                  | -                            | n                        |                           |                              |                             |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address            | 2 Crossroads Driv<br>Bedminster, NJ 0               |                              |                          |                           |                              |                             |
|                    |  | How long employed to          | here? 3 months                                      | 3                            |                          |                           |                              |                             |
| Pai                | t 2: Give Details About Mor  | nthly Income                  |   |                              |                          |                           |                              |                             |
|                    | mate monthly income as of the duse unless you are separated.   | ate you file this form. If    | you have nothing to rep                             | ort for any lir              | ne, write \$0            | in the spa                | ce. Include y                | our non-filing              |
| ,                  | u or your non-filing spouse have mo  |                               | ombine the information f                            | or all employ                | yers for tha             | t person or               | n the lines be               | low. If you need            |
|                    |  |                               |   |                              | For Debto                |                           | or Debtor 2<br>on-filing spo |                             |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                               |   | 2. \$_                       | 3,50                     | <b>8.00</b> \$            |                              | N/A                         |
| 3.                 | Estimate and list monthly overt  | ime pay.                      |   | 3. +\$_                      |                          | 0.00_ +                   | \$                           | N/A                         |

Official Form 106I Schedule I: Your Income page 1

3,508.00

\$

N/A

Calculate gross Income. Add line 2 + line 3.

| Debtor 1 |   | Toni Clarice Williams   | -         | (        | Case number (if known) |          |          |          |                    |                |                  |
|----------|---|---|-----------|----------|------------------------|----------|----------|----------|--------------------|----------------|------------------|
|          |   |   |           |          | For                    | Debtor 1 |          |          | Debtor<br>filing s |                |                  |
|          | Cop   | y line 4 here   | 4.        |          | \$_                    | 3,508.   | 00       | \$       |                    | N/A            | <u> </u>         |
| 5.       | List  | all payroll deductions:   |           |          |                        |          |          |          |                    |                |                  |
|          | 5a.   | Tax, Medicare, and Social Security deductions   | 5a        | ١.       | \$                     | 553.     | 00       | \$       |                    | N/A            | <b>\</b>         |
|          | 5b.   | Mandatory contributions for retirement plans  | 5b        | ).       | \$                     | 0.       | 00       | \$       |                    | N/A            | <u> </u>         |
|          | 5c.   | Voluntary contributions for retirement plans  | 5c        | :.       | \$                     | 0.       | 00       | \$       | -                  | N/A            | _                |
|          | 5d.   | Required repayments of retirement fund loans  | 5d        | ١.       | \$                     | 0.       | 00       | \$       |                    | N/A            | _                |
|          | 5e.   | Insurance   | 5e        | <b>.</b> | \$                     | 3.       | 00       | \$       |                    | N/A            |                  |
|          | 5f.   | Domestic support obligations  | 5f.       |          | \$                     | 0.       | 00       | \$       |                    | N/A            | <u> </u>         |
|          | 5g.   | Union dues  | 5g        | ١.       | \$                     | 0.       | 00       | \$       |                    | N/A            |                  |
|          | 5h.   | Other deductions. Specify:  | 5h        | 1.+      | \$_                    | 0.       | 00       | + \$     |                    | N/A            | _                |
| 6.       | Add   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        |          | \$_                    | 556.     | 00       | \$       |                    | N/A            | <u>\</u>         |
| 7.       | Cal   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.        |          | \$_                    | 2,952.   | 00       | \$       |                    | N/A            | <u> </u>         |
| 8.       | <b>List</b> 8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends | 8a<br>8b  |          | \$_<br>\$_             |          | 00<br>00 | \$<br>\$ |                    | N/A<br>N/A     |                  |
|          | 8c.   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |           |          |                        |          |          |          |                    |                |                  |
|          |   | settlement, and property settlement.  | 8c        | :.       | \$                     | 0.       | 00       | \$       |                    | N/A            |                  |
|          | 8d.   | Unemployment compensation   | 8d        | ١.       | \$                     | 0.       | 00       | \$       |                    | N/A            |                  |
|          | 8e.   | Social Security   | 8e        | <b>.</b> | \$                     | 0.       | 00       | \$       |                    | N/A            |                  |
|          | 8f.<br>8g.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income    | 8f.<br>8g |          | \$_<br>\$              |          | 00       | \$<br>   |                    | N/A<br>N/A     |                  |
|          | 8h.   | Other monthly income. Specify:  | 8h        |          | <b>\$</b> -            |          | 00       | · -      |                    | N/A            | _                |
|          | 011.  |   | _ '''     | ···      | Ψ_                     | 0.       |          | `        |                    | 14/            |                  |
| 9.       | Add   | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        |          | \$                     | 0.       | 00       | \$       |                    | N/             | A                |
| 10.      | Calo  | culate monthly income. Add line 7 + line 9.   | 10.       | \$       |                        | 2,952.00 | - S      |          | N/A                | = \$           | 2,952.00         |
|          |   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |           | _        |                        |          |          |          |                    |                | _,002.00         |
| 11.      | Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |   |           |          |                        |          |          |          |                    |                |                  |
| 12.      |   | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |           |          |                        |          |          |          | 12.                | \$             | 2,952.00         |
| 12       | Do.   | you expect an increase or decrease within the year after you file this form   | 2         |          |                        |          |          |          | ,                  | Combi<br>month | ned<br>ly income |
| 13.      | <b>₽</b> 0 :  | No.   | •         |          |                        |          |          |          |                    |                |                  |
|          | _   | Yes Explain:  |           |          |                        |          |          |          |                    |                |                  |

Official Form 106l Schedule I: Your Income page 2

| E-11-      | · . (b.:- :- f   | Cara ta islandi                    |              |   |   |                 |  |   |  |  |  |
|------------|--|------------------------------------|--------------|---|---|-----------------|--|---|--|--|--|
| Fill       | in this informat   | tion to identify yo                | ur case:     |   |   |                 |  |   |  |  |  |
| Deb        | tor 1  | Toni Clarice Williams              |              |   |   |                 | Check if this is:                        |   |  |  |  |
| D-1        | t 0  |                                    |              |   |   |                 | An amended filing                        | da a a a a ta a CC a a ab a a ta a            |  |  |  |
| 1          | otor 2<br>ouse, if filing)   |                                    |              |   |   |                 | A supplement show<br>⊢3 expenses as of t | ving postpetition chapter the following date: |  |  |  |
|            |  |                                    |              |   |   |                 |  |   |  |  |  |
| Unit       | ed States Bankr  | uptcy Court for the:               | NORTH        | HERN DISTRICT OF GEO  | RGIA                                    | N               | MM / DD / YYYY                           |   |  |  |  |
| Cas        | e number   |                                    |              |   |   |                 |  |   |  |  |  |
| (If k      | nown)  |                                    |              |   |   |                 |  |   |  |  |  |
|            |  |                                    |              |   |   |                 |  |   |  |  |  |
| $\bigcirc$ | fficial Fo   | rm 106.I                           |              |   |   |                 |  |   |  |  |  |
|            |  |                                    |              |   |   |                 |  |   |  |  |  |
|            |  | J: Your I                          |              |   | or Cilian to mathematical               |                 |  | 12/15   |  |  |  |
| info       | ormation. If m   |                                    | eded, atta   | . If two married people ar<br>nch another sheet to this<br>n. |   |                 |  |   |  |  |  |
| Par        | t 1: Descr   | ibe Your House                     | hold         |   |   |                 |  |   |  |  |  |
| 1.         | Is this a join   |                                    | iioiu        |   |   |                 |  |   |  |  |  |
|            | ■ No. Go to  |                                    |              |   |   |                 |  |   |  |  |  |
|            |  |                                    | n a separ    | ate household?  |   |                 |  |   |  |  |  |
|            | □ No   |                                    | •            |   |   |                 |  |   |  |  |  |
|            | = :::  | -                                  | t file Offic | ial Form 106J-2, Expenses                                     | for Separate House                      | hold of Debto   | or 2.                                    |   |  |  |  |
| 2.         | Do you have  | denendente?                        | п.,          |   | ·                                       |                 |  |   |  |  |  |
| ۷.         | •  | e dependents?                      | ☐ No         |   |   |                 |  |   |  |  |  |
|            | T YAS  |                                    |              | Fill out this information for each dependent                  | Dependent's relation Debtor 1 or Debtor |                 | Dependent's age                          | Does dependent live with you?                 |  |  |  |
|            | Do not state the   |                                    |              |   |   |                 |  | □ No  |  |  |  |
| dependents |  |                                    |              |   | Daughter                                |                 | 11 months                                | ■ Yes   |  |  |  |
|            |  |                                    |              |   |   | □ No            |  |   |  |  |  |
|            |  |                                    |              |   | Daughter                                |                 | 6  | Yes   |  |  |  |
|            |  |                                    |              |   |   |                 |  | □ No  |  |  |  |
|            |  |                                    |              |   |   |                 |  | ☐ Yes   |  |  |  |
|            |  |                                    |              |   |   |                 |  | □ No  |  |  |  |
| •          | _  |                                    |              |   |   |                 |  | ☐ Yes   |  |  |  |
| 3.         |  | enses include<br>f people other th | nan          | No  |   |                 |  |   |  |  |  |
|            |  | d your depender                    |              | Yes   |   |                 |  |   |  |  |  |
| Des        |  |                                    |              | L. <b>F</b>   |   |                 |  |   |  |  |  |
|            |  | ate Your Ongoir                    |              | ly Expenses<br>uptcy filing date unless y                     | ou are using this fo                    | orm as a sur    | nlement in a Cha                         | nter 13 case to report                        |  |  |  |
| exp        |  |                                    |              | ey is filed. If this is a supp                                |   |                 |  |   |  |  |  |
| Incl       | lude expense   | s paid for with r                  | ion-cash     | government assistance i                                       | f vou know                              |                 |  |   |  |  |  |
| the        | value of such  | n assistance and                   |              | cluded it on Schedule I: \                                    |   |                 | V  |   |  |  |  |
| (Of        | ficial Form 10   | 6I.)                               |              |   |   |                 | Your expe                                | enses   |  |  |  |
| 4          | The rental o   | . hama awmaral                     | hin avnar    | ann far verr regidence l                                      |   |                 |  |   |  |  |  |
| 4.         | The rental or home ownership expenses for your residence. Include first mortgag payments and any rent for the ground or lot. |                                    |              |   | 4. \$                                   |                 | 1,318.00                                 |   |  |  |  |
|            | If not includ  | ed in line 4:                      | Ū            |   |   |                 |  |   |  |  |  |
|            | 4a. Real e   | state taxes                        |              |   |   | 4a. \$          |  | 0.00  |  |  |  |
|            |  | rty, homeowner's                   | s. or renter | 's insurance  |   | 4а. э<br>4b. \$ |  | 0.00<br>23.00                                 |  |  |  |
|            |  | •                                  |              | upkeep expenses   |   | 4c. \$          |  | 0.00  |  |  |  |
|            |  | owner's associati                  |              |   |   | 4d. \$          |  | 0.00  |  |  |  |
| 5.         | Additional n   | nortgage payme                     | ents for ve  | our residence, such as ho                                     | me equity loans                         | 5. \$           |  | 0.00  |  |  |  |

| ebtor 1 To | oni Clarice Williams  | Case num        | ber (if known) |                             |
|------------|---|-----------------|----------------|-----------------------------|
| Utilities: |   |                 |                |                             |
|            | ectricity, heat, natural gas  | 6a.             | \$             | 100.00                      |
| 6b. Wa     | ater, sewer, garbage collection   | 6b.             | \$             | 41.00                       |
|            | lephone, cell phone, Internet, satellite, and cable services  | 6c.             | \$             | 0.00                        |
| 6d. Ot     | her. Specify: Cell Phone  | 6d.             |                | 165.00                      |
|            | able/Internet   | <del></del>     | \$             | 170.00                      |
|            | est Control   |                 | \$             | 5.00                        |
|            | d housekeeping supplies   | — <sub>7.</sub> | \$             | 350.00                      |
|            | e and children's education costs  |                 | ·              | 0.00                        |
|            | , laundry, and dry cleaning   |                 |                | 10.00                       |
| _          | I care products and services  | 10.             | ·              | 0.00                        |
|            | and dental expenses   | 11.             | · ———          | 20.00                       |
|            | rtation. Include gas, maintenance, bus or train fare.   | 11.             | Ψ              | 20.00                       |
|            | clude car payments.   | 12.             | \$             | 140.00                      |
|            | nment, clubs, recreation, newspapers, magazines, and books  | 13.             | \$             | 0.00                        |
|            | le contributions and religious donations  | 14.             | ·              | 0.00                        |
| Insuranc   | •   |                 |                | 0.00                        |
|            | clude insurance deducted from your pay or included in lines 4 or 20.                                |                 |                |                             |
|            | e insurance   | 15a.            | \$             | 0.00                        |
|            | ealth insurance   | 15b.            | ·              | 0.00                        |
|            | hicle insurance   | 15c.            |                | 140.00                      |
|            | her insurance. Specify:   | 15d.            | ·              | 0.00                        |
|            | not include taxes deducted from your pay or included in lines 4 or 20.                              |                 |                | 0.00                        |
| Specify:   | o not molded taxes deducted from your pay of molded in inics 4 or 20.                               | 16.             | \$             | 0.00                        |
|            | ent or lease payments:  |                 |                | 0.00                        |
|            | ir payments for Vehicle 1   | 17a.            | \$             | 0.00                        |
| 17b. Ca    | r payments for Vehicle 2  | 17b.            | \$             | 0.00                        |
|            | her Specify   | 17c.            | · -            | 0.00                        |
|            | her. Specify:   | 17d.            | ·              | 0.00                        |
|            | ments of alimony, maintenance, and support that you did not report as                               |                 | ·              |                             |
|            | d from your pay on line 5, Schedule I, Your Income (Official Form 106I).                            | 18.             | \$             | 0.00                        |
|            | yments you make to support others who do not live with you.   |                 | \$             | 0.00                        |
| Specify:   |   | 19.             |                |                             |
| . Other re | al property expenses not included in lines 4 or 5 of this form or on Sched                          | dule I: Yo      | our Income.    |                             |
| 20a. Mo    | ortgages on other property  | 20a.            | \$             | 0.00                        |
| 20b. Re    | al estate taxes   | 20b.            | \$             | 0.00                        |
| 20c. Pr    | operty, homeowner's, or renter's insurance  | 20c.            | \$             | 0.00                        |
| 20d. Ma    | aintenance, repair, and upkeep expenses   | 20d.            | \$             | 0.00                        |
| 20e. Ho    | meowner's association or condominium dues   | 20e.            | \$             | 0.00                        |
| Other: S   | pecify: Car Lease   | 21.             | +\$            | 470.00                      |
|            |   | _ `             |                |                             |
|            | e your monthly expenses   |                 |                |                             |
|            | lines 4 through 21.   |                 | \$             | 2,952.00                    |
| 22b. Cop   | y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                        |                 | \$             |                             |
| 22c. Add   | line 22a and 22b. The result is your monthly expenses.  |                 | \$             | 2,952.00                    |
| Coloulet   | a value manthly not income  |                 |                |                             |
|            | e your monthly net income.  | 225             | ¢              | 0.050.00                    |
|            | py line 12 (your combined monthly income) from Schedule I.  | 23a.            | ·              | 2,952.00                    |
| 23b. Co    | py your monthly expenses from line 22c above.   | 23b.            | -⊅             | 2,952.00                    |
| 226 0      | htraat vour monthly ovnonges from your monthly income   |                 |                |                             |
|            | btract your monthly expenses from your monthly income. e result is your <i>monthly net income</i> . | 23c.            | \$             | 0.00                        |
| ın         | e resuit is your <i>monthly net income.</i>   | 200.            | *              |                             |
| . Do vou e | expect an increase or decrease in your expenses within the year after you                           | ı file this     | form?          |                             |
|            | ole, do you expect to finish paying for your car loan within the year or do you expect your r       |                 |                | se or decrease because of a |
|            |   | 5 5 1           |                |                             |
|            | on to the terms of your mortgage?   |                 |                |                             |
|            | on to the terms of your mortgage?   |                 |                |                             |

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| Debtor 1   | Toni Clarice William First Name  | Middle Name  | Last Name  |  |
|--|--|--|--|--|
| Debtor 2   | 1 iist ivaine  | Wilde Name   | Last Hamb  |  |
| Spouse if, filing)   | First Name   | Middle Name  | Last Name  |  |
| Inited States B  | ankruptcy Court for the:   | NORTHERN DISTR   | ICT OF GEORGIA   |  |
| Case number  |  |  |  |  |
| if known)  |  |  |  | ☐ Check if this is an  |
| Official E   | - m 100  |  |  | amended filing   |
| Official Fo  |  | for Indivi   | duals Filing Under Chapte  | er 7 12/15   |
| you are an inc   | dividual filing under chapte   | er 7, you must fill o  | out this form if:  |  |
| _  | ve claims secured by your  | • •  |  |  |
| ou must file th  | ever is earlier, unless the o  | in 30 days after yo  | expired.  ou file your bankruptcy petition or by the date se  ime for cause. You must also send copies to the  |  |
|  |  | a joint case, both   |  |  |
| e as complete<br>write   | your name and case numb  | If more space is ner (if known).   | are equally responsible for supplying correct in eeded, attach a separate sheet to this form. On the   |  |
| e as complete<br>write y<br>Part 1: List \   | e and accurate as possible. your name and case number  | If more space is n<br>er (if known).<br>secured Claims                                   | . ,  | the top of any additional pages  |
| e as complete write y  Part 1: List y  For any credi   | e and accurate as possible. your name and case number Your Creditors Who Have S  | If more space is ner (if known). Secured Claims 1 of Schedule D: Coils collateral        | eeded, attach a separate sheet to this form. On t  | the top of any additional pages  (Official Form 106D), fill in the   |
| e as complete write y  Part 1: List y  For any credi   | e and accurate as possible. your name and case number Your Creditors Who Have Solitors that you listed in Part pelow.                                    | If more space is ner (if known). Secured Claims 1 of Schedule D: Constant                | creditors Who Have Claims Secured by Property What do you intend to do with the property that secures a debt?  | the top of any additional pages  (Official Form 106D), fill in the  Did you claim the proper as exempt on Schedule 0       |
| e as complete write y  Part 1: List Y  For any credi information b Identify the c  | e and accurate as possible. your name and case number Your Creditors Who Have Solitors that you listed in Part pelow.                                    | If more space is ner (if known). Secured Claims 1 of Schedule D: Constant                | eeded, attach a separate sheet to this form. On the control of the | the top of any additional pages  (Official Form 106D), fill in the  Did you claim the proper as exempt on Schedule         |
| e as complete write y  Part 1: List Y  For any credi information be identify the c  Creditor's name:   | e and accurate as possible. your name and case number Your Creditors Who Have S itors that you listed in Part below. Itereditor and the property that    | If more space is ner (if known). Secured Claims  1 of Schedule D: Constant               | Creditors Who Have Claims Secured by Property What do you intend to do with the property that secures a debt?  Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a   | the top of any additional pages  (Official Form 106D), fill in the  Did you claim the proper as exempt on Schedule         |
| e as complete write y art 1: List \( \)  For any credi information be identify the complete complete complete complete information because the complete comp | e and accurate as possible. your name and case number Your Creditors Who Have S itors that you listed in Part below. Itereditor and the property that    | If more space is ner (if known). Secured Claims  1 of Schedule D: Constant               | Creditors Who Have Claims Secured by Property What do you intend to do with the property that secures a debt?  Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.  | the top of any additional pages  (Official Form 106D), fill in the  Did you claim the proper as exempt on Schedule         |
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| e as complete write y  Part 1: List \( \)  For any credi information be identify the condition of the condit | e and accurate as possible. your name and case number four Creditors Who Have S itors that you listed in Part pelow. preditor and the property that of   | If more space is ner (if known).  Secured Claims  1 of Schedule D: Constant              | Creditors Who Have Claims Secured by Property What do you intend to do with the property that secures a debt?  Surrender the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:  Surrender the property and redeem it. Retain the property and redeem it.  | the top of any additional pages  (Official Form 106D), fill in the  Did you claim the proper as exempt on Schedule (       |
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| e as complete write y  Part 1: List Y  For any credi information be Identify the complete com | e and accurate as possible. your name and case number four Creditors Who Have Stitors that you listed in Part pelow. pereditor and the property that  of | If more space is ner (if known).  Secured Claims  1 of Schedule D: Control is collateral | Creditors Who Have Claims Secured by Property What do you intend to do with the property that secures a debt?  Surrender the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:  Surrender the property and redeem it. Retain the property and redeem it.  | the top of any additional pages  (Official Form 106D), fill in the  Did you claim the proper as exempt on Schedule  No Yes |
| e as complete write y  Part 1: List Y  For any credi information be Identify the concentration of property securing deby  Creditor's name:  Description of property securing deby  Creditor's name:  Description of property   | e and accurate as possible. your name and case number four Creditors Who Have Stitors that you listed in Part pelow. pereditor and the property that  of | If more space is ner (if known).  Secured Claims  1 of Schedule D: Control is collateral | Creditors Who Have Claims Secured by Property What do you intend to do with the property that secures a debt?  Surrender the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:  Surrender the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.   | the top of any additional page  (Official Form 106D), fill in the  Did you claim the prope as exempt on Schedule  No Yes   |

Official Form 108

Creditor's

name:

property

Description of

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ Retain the property and redeem it.

 $\hfill\square$  Retain the property and enter into a

☐ Retain the property and [explain]:

Reaffirmation Agreement.

☐ Yes

☐ No

| Debtor 1                | Toni Clari                   | ice Williams   | Case number (  | if known)                                |
|-------------------------|------------------------------|--|--|--|
| name:                   |                              |  | ☐ Retain the property and redeem it.   | ☐ Yes                                    |
| Descrip                 | tion of                      |  | Retain the property and enter into a Reaffirmation Agreement.  |  |
| propert                 |                              |  | Retain the property and [explain]:   |  |
| securin                 | •                            |  | — Notain the property and [explain].   |  |
| Part 2:                 | List Your Ur                 | nexpired Personal Property Leases  | s  |  |
| or any ur<br>n the info | nexpired per<br>rmation belo | sonal property lease that you liste<br>ow. Do not list real estate leases. U | d in Schedule G: Executory Contracts and Ur<br>Inexpired leases are leases that are still in eff<br>if the trustee does not assume it. 11 U.S.C. § 3 | ect; the lease period has not yet ended. |
| Describe                | your unexpi                  | red personal property leases   |  | Will the lease be assumed?               |
| Lessor's n              | ame:                         | American Furniture Warehou   | se   | □ No                                     |
|                         |                              |  |  | ■ Yes                                    |
| Descriptio<br>Property: | n of leased                  | Washer & Dryer<br>\$50/month   |  |  |
| Part 3:                 | Sign Below                   |  |  |  |
|                         |                              | rry, I declare that I have indicated r<br>tt to an unexpired lease.          | my intention about any property of my estate   | that secures a debt and any personal     |
| χ /s/ T                 | oni Clarice                  | Williams   | X  |  |
| Ton                     | i Clarice W                  | illiams  | Signature of Debtor 2  |  |
| Sign                    | ature of Debt                | or 1   |  |  |
| Date                    | Noven                        | nber 4, 2021   | Date   |  |

### Case 21-58268-wlh Doc 1 Filed 11/04/21 Entered 11/04/21 09:45:14 Desc Main Document Page 40 of 54

| Fill in this inform             | nation to identify your | case:              |           |                                      |
|---------------------------------|-------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1                        | Toni Clarice Willia     | ams<br>Middle Name | Last Name |                                      |
| Debtor 2<br>(Spouse if, filing) | First Name              | Middle Name        | Last Name |                                      |
|                                 | nkruptcy Court for the: | NORTHERN DISTRICT  |           |                                      |
| Case number(if known)           |                         |                    |           | ☐ Check if this is an amended filing |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| you | original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.  |              | •                       |
|-----|--|--------------|-------------------------|
| Par | 11: Summarize Your Assets  |              |                         |
|     |  | Your as      | ssets<br>f what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 5,972.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 5,972.00                |
| Par | t 2: Summarize Your Liabilities  |              |                         |
|     |  |              | abilities<br>you owe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                    |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 22,708.00               |
|     | Your total liabilities   | \$           | 22,708.00               |
| Par | 3: Summarize Your Income and Expenses  |              |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 2,952.00                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 2,952.00                |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |              |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch | edules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |              |                         |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a personal,  | family, or              |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

Debtor 1 Toni Clarice Williams Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_5,642.65

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim | ı    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

| Fill in this infor  |  |                          |             |                        |               |   |      |
|---------------------|--|--------------------------|-------------|------------------------|---------------|---|------|
|                     | mation to identify your                            |                          |             |                        |               |   |      |
| Debtor 1            | Toni Clarice Willia                                | Middle Name              | Las         | st Name                |               |   |      |
| Debtor 2            | THOUTAINO  | Wildele Name             | Lui         | , riano                |               |   |      |
| (Spouse if, filing) | First Name   | Middle Name              | Las         | st Name                |               |   |      |
| United States Ba    | ankruptcy Court for the:                           | NORTHERN DISTRICT        | OF GEOR     | GIA                    |               |   |      |
| Case number         |  |                          |             |                        |               |   |      |
| (if known)          |  |                          |             |                        |               | ☐ Check if this is an amended filing                              |      |
| Official For        | m 106Dec   |                          |             |                        |               |   |      |
| Declarat            | tion About a                                       | ın Individual            | <b>Debt</b> | or's Schedi            | ules          | 1   | 2/15 |
| Sig                 | ın Below   |                          |             |                        |               |   |      |
| Did you pa          | ay or agree to pay some                            | one who is NOT an attor  | ney to help | you fill out bankrupto | cy forms?     |   |      |
| ■ No                |  |                          |             |                        |               |   |      |
| ☐ Yes.              | Name of person                                     |                          |             |                        |               | ruptcy Petition Preparer's Noti<br>and Signature (Official Form 1 |      |
|                     | alty of perjury, I declare<br>re true and correct. | that I have read the sum | mary and s  | chedules filed with th | is declaratio | n and   |      |
| X /s/ Tor           | ni Clarice Williams                                |                          | х           |                        |               |   |      |
| Toni C              | Clarice Williams<br>ure of Debtor 1                |                          |             | Signature of Debtor 2  |               |   |      |
| Date                | November 4, 2021                                   |                          |             | Date                   |               |   |      |

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court Northern District of Georgia**

| In re | Toni Clarice Williams   | G   | Case No.  |  |
|-------|---|---|---|--|
|       |   | Debtor(s)   | Chapter   | 7  |
|       | DISCLOSURE OF C   | COMPENSATION OF ATTORN  | NEY FOR DE  | EBTOR(S)                                 |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Ban<br>compensation paid to me within one year bef<br>be rendered on behalf of the debtor(s) in cont  | ore the filing of the petition in bankruptcy, or  | r agreed to be paid                                       | to me, for services rendered or to       |
|       | For legal services, I have agreed to acce   | pt  | \$  | 1,622.00                                 |
|       | Prior to the filing of this statement I hav   | e received  | \$  | 222.00                                   |
|       | Balance Due   |   | \$  | 1,400.00                                 |
| 2.    | The source of the compensation paid to me w   | vas:  |   |  |
|       | ✓ Debtor  |   |   |  |
| 3.    | The source of compensation to be paid to me   | is:   |   |  |
|       | Debtor Other (specify):   | Debtor shall pay \$200 per month for a peattorney fees.   | eriod of 7 months f                                       | or payment of post-petition              |
| 4.    | ✓ I have not agreed to share the above-disc   | losed compensation with any other person un   | nless they are mem  | bers and associates of my law firm.      |
|       |   | ed compensation with a person or persons who<br>st of the names of the people sharing in the co   |   |  |
| 5.    | In return for the above-disclosed fee, I have   | agreed to render legal service for all aspects of   | of the bankruptcy of                                      | ease, including:                         |
|       | <ul> <li>a. Analysis of the debtor's financial situation</li> <li>b. Preparation and filing of any petition, sch</li> <li>c. Representation of the debtor at the meetin</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured crereaffirmation agreements and</li> <li>522(f)(2)(A) for avoidance of lie</li> </ul> | edules, statement of affairs and plan which may of creditors and confirmation hearing, and ditors to reduce to market value; exemapplications as needed; preparation as | nay be required;<br>any adjourned hea<br>nption planning; | rings thereof; preparation and filing of |
| 6.    | By agreement with the debtor(s), the above-d<br>Representation of the debtors   | •   | ervice:   |  |
|       |   | CERTIFICATION   |   |  |
|       | I certify that the foregoing is a complete state pankruptcy proceeding.   | ement of any agreement or arrangement for pa  | ayment to me for r  | epresentation of the debtor(s) in        |
| ı     | lovember 1, 2021  | /s/ Jeffrey B. Kelly  |   |  |
| _     | Pate ,  | Jeffrey B. Kelly 412  | 798   |  |
|       |   | Signature of Attorney <b>Law Office of Jeffre</b>   | ev B. Kelly, P.C.   |  |
|       |   | 107 E. 5th Avenue<br>Rome, GA 30161   | .,,,0.  |  |

678-861-1127

Name of law firm

lawoffice@kellycanhelp.com

### **United States Bankruptcy Court** Northern District of Georgia

|       |                                     | Northern District of Georgia                    |                    |                       |
|-------|-------------------------------------|---|--------------------|-----------------------|
| In re | Toni Clarice Williams               |   | Case No.           |                       |
|       |                                     | Debtor(s)                                       | Chapter            | 7                     |
|       | VEDII                               | FICATION OF CREDITOR                            | MATDIV             |                       |
|       | VEXII                               | TCATION OF CREDITOR                             |                    |                       |
| he ab | ove-named Debtor hereby verifies th | at the attached list of creditors is true and c | orrect to the best | of his/her knowledge. |
| Date: | November 4, 2021                    | /s/ Toni Clarice Williams                       |                    |                       |
|       |                                     | Toni Clarice Williams                           |                    |                       |

Signature of Debtor

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$78       | administrative fee |
| + \$15     | trustee surcharge  |
| \$338      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| Fill ir         | n this information to identify your case:  |                                 |                   | C                                | heck or            | ne box only as d         | irected in this form and                               | d in Form                         |
|-----------------|--|---------------------------------|-------------------|----------------------------------|--------------------|--------------------------|--|-----------------------------------|
| Debt            | or 1 Toni Clarice Williams   |                                 |                   |                                  | 22A-1S             |                          |  |                                   |
| Debt<br>(Spou   | or 2   |                                 |                   |                                  | <b>1</b> . 7       | here is no pres          | umption of abuse                                       |                                   |
|                 | ed States Bankruptcy Court for the: Northern District of   | of Georgia                      |                   |                                  |                    | applies will be m        | o determine if a presumade under <i>Chapter 7</i>      | •                                 |
| Case<br>(if kno | e number<br>wn)  |                                 |                   |                                  | _                  | `                        | icial Form 122A-2).  does not apply now be             | annua of                          |
| <u> </u>        | ,  |                                 |                   |                                  |                    |                          | service but it could ap                                |                                   |
|                 |  |                                 |                   |                                  | ☐ Ch               | eck if this is a         | n amended filing                                       |                                   |
|                 | icial Form 122A - 1  | _                               |                   |                                  |                    |                          |  |                                   |
| Ch.             | apter 7 Statement of Your Cur  | rent l                          | Mor               | nthly In                         | com                | <u>e</u>                 |  | 04/20                             |
| ttach<br>ase i  | complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to whomat the first separate sheet to this form. Include the line number to whomat separate sheet to the separate sheet | vhich the acm a presun          | dditior<br>nption | nal information<br>of abuse beca | applies            | . On the top of an       | ny additional pages, wri<br>narily consumer debts o    | te your name and<br>or because of |
| Part            |  |                                 |                   |                                  |                    |                          |  |                                   |
| 1.              | What is your marital and filing status? Check one or   | ıly.                            |                   |                                  |                    |                          |  |                                   |
|                 | Not married. Fill out Column A, lines 2-11.  |                                 |                   |                                  | 0.44               |                          |  |                                   |
|                 | Married and your spouse is filing with you. Fill or  |                                 |                   |                                  | s 2-11.            |                          |  |                                   |
|                 | <ul> <li>Married and your spouse is NOT filing with you.</li> <li>Living in the same household and are not legal</li> </ul>  | •                               |                   | •                                | ممساما             | A and D. lines (         | . 44   |                                   |
|                 | _  |                                 |                   |                                  |                    | ,                        |  |                                   |
|                 | Living separately or are legally separated. Fill<br>penalty of perjury that you and your spouse are l<br>living apart for reasons that do not include evading.   | egally sep                      | arated            | d under nonba                    | ankrupto           | y law that applie        | es or that you and you                                 |                                   |
| 10<br>the       | Il in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that p   | nonth period<br>I by 6. Fill in | would<br>the res  | be March 1 thr sult. Do not incl | ough Au<br>ude any | gust 31. If the amoint m | ount of your monthly incon<br>ore than once. For examp | ne varied during<br>ble, if both  |
|                 |  |                                 |                   |                                  | Colui<br>Debt      |                          | Column B Debtor 2 or non-filing spouse                 |                                   |
| 2.              | Your gross wages, salary, tips, bonuses, overtime, payroll deductions).  | and comr                        | missic            | ons (before al                   | \$                 | 5,642.65                 | \$   |                                   |
| 3.              | Alimony and maintenance payments. Do not include Column B is filled in.  | payments                        | s from            | a spouse if                      | \$                 | 0.00                     | \$   |                                   |
|                 | All amounts from any source which are regularly pa<br>of you or your dependents, including child support<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp   | Include red, your dep           | egular<br>bende   | contributions<br>nts, parents,   | i                  | 0.00                     |  |                                   |
|                 | filled in. Do not include payments you listed on line 3.  Net income from operating a business, profession,  | or form                         |                   |                                  | \$                 | 0.00                     | \$   |                                   |
| 5.              | Net income from operating a business, profession,  | OI IAIIII                       | Deb               | otor 1                           |                    |                          |  |                                   |
|                 | Gross receipts (before all deductions)   | \$                              | 0.00              |                                  |                    |                          |  |                                   |
|                 | Ordinary and necessary operating expenses  |                                 | 0.00              |                                  |                    |                          |  |                                   |
|                 | Net monthly income from a business, profession, or far   | m \$                            | 0.00              | Copy here -                      | >\$                | 0.00                     | \$   |                                   |
| 6.              | Net income from rental and other real property   |                                 | Doh               | otor 1                           |                    |                          |  |                                   |
|                 | Gross receipts (hafore all doductions)   | \$                              | 0.00              |                                  |                    |                          |  |                                   |
|                 | Gross receipts (before all deductions) Ordinary and necessary operating expenses   |                                 | 0.00              |                                  |                    |                          |  |                                   |
|                 | Net monthly income from rental or other real property  |                                 |                   | Copy here -                      | >\$                | 0.00                     | \$   |                                   |
| 7.              | Interest, dividends, and royalties   |                                 |                   |                                  | \$                 | 0.00                     | \$   |                                   |

Official Form 122A-1

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|   |   |  |                     | Column A Debtor 1 |                              | or<br>I spouse             |                  |
|---|---|--|---------------------|-------------------|------------------------------|----------------------------|------------------|
| . Ur  | nemployment compensation  |  | \$                  | 0.00              | \$                           |                            |                  |
|   | o not enter the amount if you contend that the amoun<br>e Social Security Act. Instead, list it here:   | t received was a benefit und   | er                  |                   |                              |                            |                  |
|   | For you \$ For your spouse \$   | 0.00   |                     |                   |                              |                            |                  |
|   | · · · / · · · · · · · · · · · · · · · ·   |  |                     |                   |                              |                            |                  |
| be<br>no<br>Ur<br>dis<br>pa<br>do                                 | ension or retirement income. Do not include any an enefit under the Social Security Act. Also, except as so it include any compensation, pension, pay, annuity, on hited States Government in connection with a disability ability, or death of a member of the uniformed servicity paid under chapter 61 of title 10, then include that places not exceed the amount of retired pay to which you retired under any provision of title 10 other than chapter  | stated in the next sentence, do<br>or allowance paid by the<br>ity, combat-related injury or<br>ces. If you received any retire<br>pay only to the extent that it<br>u would otherwise be entitled   | d                   | 0.00              | \$                           |                            |                  |
| un<br>co<br>cri<br>co<br>Go<br>de                                 | come from all other sources not listed above. Sponot include any benefits received under the Social Sider the Federal law relating to the national emergency der the National Emergencies Act (50 U.S.C. 1601 erronavirus disease 2019 (COVID-19); payments receime, a crime against humanity, or international or don mpensation pension, pay, annuity, or allowance paid overnment in connection with a disability, combat-relation of a member of the uniformed services. If necessiparate page and put the total below.   | Security Act; payments made<br>cy declared by the President<br>et seq.) with respect to the<br>ived as a victim of a war<br>mestic terrorism; or<br>d by the United States<br>ated injury or disability, or<br>sary, list other sources on a   | <b>:</b>            | 0.00              | \$                           |                            |                  |
|   | •   |  | φ                   |                   | Ψ                            |                            |                  |
|   | <del></del>   |  | \$                  | 0.00              | <b>\$</b>                    |                            |                  |
|   | Total amounts from separate pages, if any.  |  | + \$                | 0.00              | \$                           |                            |                  |
|   | alculate your total current monthly income. Add lin   | nes 2 through 10 for   |                     | 1 1               |                              |                            |                  |
| wt 2.   | ch column. Then add the total for Column A to the to  | stal for Column B.   | 5,642.65            | + = _             |                              | Total curre income         | nt monthly       |
| rt 2:   | Determine Whether the Means Test Applies t  | stal for Column B.   | 5,642.65            | <b>+</b> \$       |                              | Total curre                |                  |
|   | _   | to You   | 5,642.65            | <b>+</b> \$       |                              | Total curre                |                  |
| 2. <b>C</b> a   | Determine Whether the Means Test Applies t  | to You  To Follow these steps:   |                     | ppy line 11 i     | nere=>                       | Total curre income         |                  |
| 2. <b>C</b> a   | Determine Whether the Means Test Applies to alculate your current monthly income for the year a. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year)  | to You  To Follow these steps:   |                     |                   |                              | Total curre income  \$ 5,0 | 642.65           |
| 2. <b>C</b> a   | Determine Whether the Means Test Applies to alculate your current monthly income for the year transaction. Copy your total current monthly income from line of  | to You  To Follow these steps:   |                     |                   | nere=>                       | Total curre income  \$ 5,0 | nt monthly       |
| 2. <b>C</b> a<br>12   | Determine Whether the Means Test Applies to alculate your current monthly income for the year a. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year)  | to You  To Follow these steps:  11  The form   |                     |                   |                              | Total curre income  \$ 5,0 | 642.65           |
| 2. <b>C</b> a<br>12<br>12<br>3. <b>C</b> a                        | Determine Whether the Means Test Applies to alculate your current monthly income for the year a. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year) about the result is your annual income for this part of the  | to You  To Follow these steps:  11  The form   |                     |                   |                              | Total curre income  \$ 5,0 | 642.65           |
| 2. <b>C</b> a<br>12<br>12<br>3. <b>C</b> a<br>Fil                 | Determine Whether the Means Test Applies to alculate your current monthly income for the year a. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year) ab. The result is your annual income for this part of the alculate the median family income that applies to  | to You  To Follow these steps:  11  The form  You. Follow these steps:   |                     |                   |                              | Total curre income  \$ 5,0 | 642.65           |
| 2. Ca<br>12<br>12<br>12<br>33. Ca<br>Fil<br>Fil<br>To             | Determine Whether the Means Test Applies to alculate your current monthly income for the year a. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year) ab. The result is your annual income for this part of the alculate the median family income that applies to I in the state in which you live.  | to You  To Follow these steps:  11  To GA  To GA  To You  Sto You  To  | Co                  | ppy line 11 l     | 12                           | \$ 5,4  x 12  tb. \$ 67,5  | 642.65           |
| 2. <b>Ca</b> 12 12 3. <b>Ca</b> Fill Fill To                      | Determine Whether the Means Test Applies to alculate your current monthly income for the year a. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year) ab. The result is your annual income for this part of the alculate the median family income that applies to all in the state in which you live.  I in the number of people in your household.  I in the median family income for your state and size of find a list of applicable median income amounts, go  | to You  To Follow these steps:  11  To GA  To GA  To You  Sto You  To  | Co                  | ppy line 11 l     | 12                           | \$ 5,4  x 12  tb. \$ 67,5  | 642.65<br>711.80 |
| 2. <b>Ca</b> 12 12 3. <b>Ca</b> Fill Fill To                      | Determine Whether the Means Test Applies to alculate your current monthly income for the year a. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year) ab. The result is your annual income for this part of the alculate the median family income that applies to a line the state in which you live.  I in the number of people in your household. I in the median family income for your state and size of find a list of applicable median income amounts, go or this form. This list may also be available at the bank you do the lines compare?  Line 12b is less than or equal to line 13. On  | to You  To You | Co<br>d in the sepa | ppy line 11 l     | 12<br>13<br>tions            | \$ 5,4  x 12  tb. \$ 67,7  | 642.65<br>711.80 |
| 2. Ca<br>12<br>12<br>3. Ca<br>Fil<br>Fil<br>To<br>for             | Determine Whether the Means Test Applies to alculate your current monthly income for the year a. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year) ab. The result is your annual income for this part of the alculate the median family income that applies to all in the state in which you live.  I in the number of people in your household. I in the median family income for your state and size of find a list of applicable median income amounts, go this form. This list may also be available at the bank you do the lines compare?  I in 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official   | to You  To You  To You  To You  To Follow these steps:  To You.  To Follow these steps:  To A  To Household.  T | Co<br>d in the sepa | ppy line 11 I     | 12<br>tions<br>aption of abu | \$ 5,4  x 12  tb. \$ 67,7  | 642.65<br>711.80 |
| 122. Ca<br>122<br>1233. Ca<br>Fill<br>Fill<br>To<br>fol<br>41. Ho | Determine Whether the Means Test Applies to alculate your current monthly income for the year a. Copy your total current monthly income from line of Multiply by 12 (the number of months in a year) ab. The result is your annual income for this part of the alculate the median family income that applies to all in the state in which you live.  I in the number of people in your household.  I in the median family income for your state and size of find a list of applicable median income amounts, go or this form. This list may also be available at the bank ow do the lines compare?  a. Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official ab. Line 12b is more than line 13. On the top of | to You  To You  To You  To You  To Follow these steps:  To You.  To Follow these steps:  To A  To Household.  T | Co<br>d in the sepa | ppy line 11 I     | 12<br>tions<br>aption of abu | \$ 5,4  x 12  tb. \$ 67,7  | 642.65<br>711.80 |

X /s/ Toni Clarice Williams

Toni Clarice Williams
Official Form 122A-1

| Debtor 1 | Toni Clarice Williams  | Case number (if known) |  |
|----------|--|------------------------|--|
|          | Signature of Debtor 1  |                        |  |
| Da       | November 4, 2021  MM / DD / YYYY   |                        |  |
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.            |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form | 1.                     |  |

Affirm Inc 633 Folsom St Fl 7 San Francisco, CA 94107

American Furniture Warehouse 8820 American Way Englewood, CO 80112

Comenity Bank/Ashstwrt PO Box 182789 Columbus, OH 43218

ComenityBank/GardnerWht PO Box 182120 Columbus, OH 43218

Credit Acceptance Corp 25505 W 12 Mile Road Southfield, MI 48034-1846

Credit First NA/ Firestone PO Box 81083 Cleveland, OH 44181

Credit One Bank PO Box 98872 Las Vegas, NV 89193-8872

Crest Financial Services 15 W Scenic Pointe Dr Suite 350 Salt Lake City, UT 84020

Dynamic Recovery Solutions PO Box 25759 Greenville, SC 29616-0759

Equifax PO Box 740241 Atlanta, GA 30374-0241

Experian PO Box 9701 Allen, TX 75013-9701

Finewise Bank Upstart Loan Operations PO Box 1503 San Carlos, CA 94070

Ford Motor Credit P.O. Box 542000 Omaha, NE 68154

Genesis Bankcard Service PO Box 4499 Beaverton, OR 97076

Georgia Department of Revenue Bankruptcy Section PO Box 161108 Atlanta, GA 30321-1108

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

JPMCB Card Services PO Box 15369 Wilmington, DE 19850

Loop Fund PO Box 838 Keshena, WI 54135 Northstar Anesthesia of Michig 3990 John R St Detroit, MI 48201

Syncb/American Signature P O Box 965036 Orlando, FL 32896

SYNCB/Care Credit PO Box 965036 Orlando, FL 32896

Syncb/PPMC PO Box 965005 Orlando, FL 32896

Trans Union PO Box 1000 Chester, PA 19022

Upgrade 275 Battery St 23rd Floor San Francisco, CA 94111

Upstart Network Inc PO Box 1503 San Carlos, CA 94070